## **Statement of Organization - Candidate Committee**

Is	this	statement:
	New	Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1.6	ichaca form is required i	tor cuen ne	violetion year.	
1. Committee Information a. Name of Committee			d ID Number	
a. Ivanie di Committee	d. ID Number			
COMMITTEE TO RE-ELECT ARC	94-3422486			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized			
13302 GUARTERHORSE ROUGE	Mars 0-	1577	2-27-2002	
c. Committee Website (Optional)	IBDI, NC 21915		f. Phone Number	
(- <b>1</b>				
			919 688 8445	
2. Candidate Information a. Full Name	D. A. LORIE AL	37 17 1	KET HE SHITTIN	
a. Pun Ivame	e. Party Affiliation			
Archie L. Smith Til	Democrat			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	f. Office Sought		
13302 QUARTERHORSE RUN				
13341	0			
ROUGEMOUT, UC 27572	g. Next Election Year		risdiction	
ar Dana Taga go	g. Next Election Tear	11.00	isulction	
919 688 8445 our gtorox & autla	ak.com	1	Durham	
		C	DUNTY	
3. Treasurer Information	4. Assistant Treasur	er Informa	tion	
a, Full Name	a. Full Name			
K				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (inclu	de City State	and Zin Code)	
4006 TROTTER RIDGE ROAD	b. Maning Address (inclu	uc City, Stati	and Zap Code)	
•	1			
DURKAM, NC 27707				
c. Phone Number d. Email Address	c. Phone Number d.	. Email Addr	ess	
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919 452 0372 KACPAMAA C amail.  Send report notices by email Yes No				
Send report notices by email Yes No  5. Custodian of Books Information (Keeper of Records)		Email copy of report notices		
a. Full Name	6. Account Information (incl. CRO-3500) a. Financial Institution Full Name			
N	and a manifest anomedium a			
b. Mailing Address (include City, State, and Zip Code)	PNC BAL	PNC BANK IN-PERSON		
	1441 0 0 2001			
13302 QUARTERHORSE RUN	JAN 2 3 <b>4</b> 0			
ROUGEMOUT, NC 27572			D 1 0	
. Phone Number d. Email Address	b. Account Code c.	Туре	Durham County	
919 688 8445 Ourgtorox contlook.	m			
Email copy of report notices		CHECK	معادد ا	
		- 11 m colp	,	
I certify that the Committee is in compliance with all appli	cable provisions of Artic	ele 22A of 6	Chapter 163 of the NC	
General Statutes and that no funds are commingled with pr				
this report is complete, true and correct.	omonou or other non ar	solosou lun	ds. I further certify that	
$\sim$	8 1			
KIM E ANGLIN KIN	- C. angle	~	1-21-25	
Printed Name of Treasurer S	ignature of Appointed Wasur	rer	Date	
The said Control of the Control of t			11 0 1011 4	
I certify that the information above is correct, and I, as the		-		
duties and responsibilities imposed upon the appointed treas	urer and subject to the p	enalties in A	Article 22A of Chapter	
163 of the NC General Statutes.	A . C			
Archie L. Smith TT. Had	W X mith	II	1-21-25	
Printed Name of Candidate	Signature of Candidate		Date	