

# Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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. Committee Information			
a. Name of Committee		d. ID Number	
COMMITTEE TO ELECT MIKE WOODARD			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
732 NINTH STREET DURHAM NC 27705			
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
J. MICHAEL WOODARD			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
732 NINTH ST. DURHAM NC		MAYOR	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
	MIKE@MIKEWOODARD.COM	2023	DURHAM
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
RONALD B. RICHARDSON		IN PERSON	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
105 BILLINGTON CT CARY NC 27519		JUL 21 2023	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9194497733	RONNY@RECAMPAIGN.COM		DURHAM BOE
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		PNC	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		002	CAMPAIGN CHECKING
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.</p> <p> <u>Ronald Blaine Richardson</u>      <u>[Signature]</u>      <u>7.20.23</u>                      Printed Name of Treasurer      Signature of Appointed Treasurer      Date                 </p> <p>                     I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.                 </p> <p> <u>Mike Woodard</u>      <u>[Signature]</u>      <u>7.20.23</u>                      Printed Name of Candidate      Signature of Candidate      Date                 </p>			