

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. Committee Information			
a. Name of Committee		d. ID Number	
Committee to Elect Latonya Lowe			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
9858 Trestle Way Leland, NC 28451		7/21/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-228-9958	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Latonya Lowe		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
9858 Trestle Way Leland, NC 28451		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-228-9958	lowelatonya@yahoo.com	2023	Navassa District 2
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
DeAnna Graham			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
9858 Trestle Way Leland, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-297-3073	dgraham@bcs.wan.net		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Candidate of Record Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Self Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

RECEIVED
 JUL 27 2023
 BURLINGTON COUNTY
 BOARD OF ELECTIONS

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.

DeAnna Graham
 Printed Name of Treasurer

DeAnna Graham
 Signature of Appointed Treasurer

7/24/2023
 Date

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.

Latonya Lowe
 Printed Name of Candidate

Latonya Lowe
 Signature of Candidate

7/24/2023
 Date