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 DEANNA SLATE	ADFMSA
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
641 GROVEWOOD LN SE BOLIVIA, NC 28422	12/15/2023
c. Committee Website (Optional)	**f. Phone Number**
	336-339-5812

2. Candidate Information

a. Full Name		e. Party Affiliation	
DEANNA LOUISE SLATE		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
641 GROVEWOOD LN SE BOLIVIA, NC 28422		REGISTER OF DEEDS	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
336-339-5812	SLATEDEANNA@AOL.COM	2024	BRUNSWICK COUNTY

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3. Treasurer Information	4. Assistant Treasurer Information
a. Full Name	**a. Full Name**
Deanna Louise Slate	
b. Mailing Address (include City, State, and Zip Code)	**b. Mailing Address (include City, State, and Zip Code)**
641 Grovewood Lane Bolivia, NC 28422	
c. Phone Number / **d. Email Address**	**c. Phone Number** / **d. Email Address**
(336)339-5812 / slatedeanna@aol.com	
Send report notices by email ☒ Yes ☐ No	☐ Email copy of report notices

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BRUNSWICK COUNTY
BOARD OF ELECTIONS

5. Custodian of Books Information (Keeper of Records)	6. Account Information (incl. CRO-3500)
a. Full Name	**a. Financial Institution Full Name**
	Truist Bank
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number / **d. Email Address**	**b. Account Code** / **c. Type**
	8207 / CHECKING
☐ Email copy of report notices	

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 Slate — Printed Name of Treasurer
[signature] — Signature of Appointed Treasurer
12/27/2023 — 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.

Deanna Slate — Printed Name of Candidate
[signature] — Signature of Candidate
12/27/2023 — Date