

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.

a. Name of Committee	d. ID Number
The Committee to Elect - Gena Messer-Knode	WK12T8
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
506 W College St, Mt. Olive NC 28365	7/16/2025
c. Committee Website (Optional)	f. Phone Number
n/a	919-394-9007

a. Full Name	e. Party Affiliation
Gena Messer-Knode	Dem
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
506 W. College St, Mt. Olive NC 28365	MO3
c. Phone Number	g. Next Election Year
919-394-9007	2025
d. Email Address	h. Jurisdiction
Knodeg@yahoo.com	NC
<input checked="" type="checkbox"/> Email copy of report notices	

RECEIVED

JUL 18 2025

WKBOS

a. Full Name	a. Full Name
Gena Messer-Knode	n/a
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
506 W. College St. Mt. Olive NC 28365	
c. Phone Number	d. Email Address
(919)3949007	Knodeg@yahoo.com
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email copy of report notices	

a. Full Name	a. Financial Institution Full Name
Gena Messer-Knode	
b. Mailing Address (include City, State, and Zip Code)	
506 W. College St, Mt. Olive 28365	
c. Phone Number	d. Email Address
(919)3949007	Knodeg@yahoo.com
<input checked="" type="checkbox"/> Email copy of report notices	
b. Account Code	c. Type

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.

Gena Messer-Knode
Printed Name of Treasurer

Gena Messer-Knode
Signature of Appointed Treasurer

7/16/2025
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.

Gena Messer-Knode
Printed Name of Candidate

Gena Messer-Knode
Signature of Candidate

7/16/2025
Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

Gena Messer - Knoble

Treasurer Name:

Same

Treasurer Address:

506 W College St

(include city, state, & zip)

Mt. Olive NC 28365

Treasurer Phone:

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Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7/16/2025
Date Signed

Signature