

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 Brandon Gray Committee		d. ID Number FK1ZWZ	
b. Mailing Address (include City, State and Zip Code) PO Box 10528 Goldsboro NC 27532		e. Date Organized 7/18/25	
c. Committee Website (Optional)		f. Phone Number 919 222 4003	

a. Full Name Brandon Ray Gray		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) PO Box 10528 Goldsboro NC 27532		f. Office Sought Eastern Wayne Sanitary District	
c. Phone Number 919 222 4003	d. Email Address brgraycpa@gmail.com	g. Next Election Year 2025	h. Jurisdiction Wayne County
☐ Email copy of report notices			

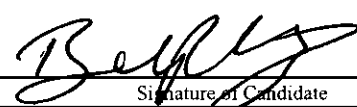
a. Full Name Brandon Gray		a. Full Name Wayne County Board of Elections	
b. Mailing Address (include City, State, and Zip Code) PO Box 10528 Goldsboro NC 27532		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 919 222 4003	d. Email Address brgraycpa@gmail.com	c. Phone Number	d. Email Address
Send report notices by email ☐ Yes ☐ No		JUL 22 2025 Received By	
☐ Email copy of report notices		☐ Email copy of report notices	

a. Full Name Brandon Gray		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code) PO Box 10528 Goldsboro NC 27532			
c. Phone Number 919 222 4003	d. Email Address brgraycpa@gmail.com	b. Account Code	c. Type
☐ 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.

Brandon Gray Printed Name of Treasurer  Signature of Appointed Treasurer **7/22/25** 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.

Brandon Gray Printed Name of Candidate  Signature of Candidate **7/22/25** 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: Brandon Gray Committee
Treasurer Name: Brandon Gray
Treasurer Address: Po Box 10528
(include city, state, & zip) Goldsboro, NC 27532

Treasurer Phone: 919-222-4003

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.

7/22/25
Date Signed

Brandon Gray
Signature