

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	RE-ELECT WADE LEATHAM	d. ID Number	FK1A6A
b. Mailing Address (include City, State and Zip Code)	304 TONYA DR. GOLDSBORO, NC 27534	e. Date Organized	1 DEC 2025
c. Committee Website (Optional)		f. Phone Number	919-922-1757

2. Candidate Information

a. Full Name	e. Party Affiliation		
DALE WADE LEATHAM	REPUBLICAN		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
304 TONYA DR. GOLDSBORO, NC 27534	BOARD OF EDUCATION DISTRICT 6		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-922-1757	dleatham@nc.rr.com	2026	WAYNE COUNTY
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	a. Full Name		
DALE WADE LEATHAM	Wayne County		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
304 TONYA DR. GOLDSBORO, NC 27534	Board of Elections		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-922-1757	dleatham@nc.rr.com	919-922-1757	919-922-1757
<input type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of report notices			

5. Custodian of Books Information (Keeper of Records)

a. Full Name	a. Financial Institution Full Name		
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			

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.

DALE WADE LEATHAM

Printed Name of Treasurer

Dale W. Heatham

Signature of Appointed Treasurer

8 DEC 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.

DALE WADE LEATHAM

Printed Name of Candidate

Dale W. Heatham

Signature of Candidate

8 DEC 2025

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

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

Candidate Name: WADE LEATHAM

Committee Name: RE-ELECT WADE LEATHAM

Treasurer Name: WADE LEATHAM

If Candidate is own treasurer, designate an agent to carry out designations: SHEILA LEATHAM

Committee ID #:

Level Registered: [State] [County] If county, specify: COUNTY

I, WADE LEATHAM, hereby direct that in the event of my death or incapacity all
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
<u>1. SHEILA LEATHAM</u>	<u>100%</u>
<u>2. </u>	<u> </u>
<u>3. </u>	<u> </u>

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

Wade Leatham

Date:

8 DEC 2025