

# 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.

<b>1. Committee Information</b>			
a. Name of Committee Zach Lilly for Goldsboro		d. ID Number	
b. Mailing Address (include City, State and Zip Code) PO Box 291 Goldsboro NC, 27533		e. Date Organized 07/31/2023	
c. Committee Website (Optional)		f. Phone Number	
<b>2. Candidate Information</b>			
a. Full Name Zachary E. Lilly		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) PO Box 291 Goldsboro NC, 27533		f. Office Sought Mayor	
c. Phone Number	d. Email Address zach.lilly@gmail.com	g. Next Election Year 2023	h. Jurisdiction Goldsboro
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>			
a. Full Name Zachary E. Lilly		a. Full Name RECEIVED WCBQ	
b. Mailing Address (include City, State, and Zip Code) PO Box 291 Goldsboro NC, 27533		b. Mailing Address (include City, State, and Zip Code) JUL 31 2023	
c. Phone Number	d. Email Address Zach.Lilly@gmail.com	c. Phone Number BY	d. Email Address
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information</b>			
a. Full Name		a. Financial Institution Full Name Trust	
b. Mailing Address (include City, State, and Zip Code)		214 N Tryon St Charlotte, NC 28202	
c. Phone Number	d. Email Address	b. Account Code 1	c. Type Checking
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p> <u>Zachary E. Lilly</u> Printed Name of Treasurer                  <u>Zachary E. Lilly</u> Signature of Appointed Treasurer                  <u>07/31/2023</u> Date         </p> <p>             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.         </p> <p> <u>Zachary E. Lilly</u> Printed Name of Candidate                  <u>Zachary E. Lilly</u> Signature of Candidate                  <u>07/31/2023</u> Date         </p>			