

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 CHRIS GURLEY		4K164X	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
169 EAST WAYNE ROAD GOLDSBORO, NC 27534		12-5-23	
c. Committee Website (Optional)		f. Phone Number	
		919-735-6300	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
CHRISTOPHER GURLEY		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
169 EAST WAYNE ROAD GOLDSBORO, NC 27534		COUNTY COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919 738 9705		2024	Wayne
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
MALORIE TARANGO			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO BOX 10553 GOLDSBORO, NC 27532			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-735-6300	malorie@groupbgc.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of report notices			
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
RECEIVED WCBOE		Trust	
b. Mailing Address (include City, State, and Zip Code)		East Ash Street	
DEC 15 2023			
c. Phone Number	d. Email Address	b. Account Code	c. Type
	BY	01	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>MALORIE TARANGO Printed Name of Treasurer</p> <p><i>Malorie Tarango</i> Signature of Appointed Treasurer</p> <p>12/15/2023 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>CHRISTOPHER GURLEY Printed Name of Candidate</p> <p><i>Christopher Gurley</i> Signature of Candidate</p> <p>12/15/2023 Date</p>			