

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		b. ID Number
Committee to Elect Alan Sherouse		1CZM80
b. Mailing Address (include City, State, and Zip Code)		c. Date Organized
PO Box 5055, Greensboro, NC 27435		3/2/2022
c. Committee Website (Optional)		d. Phone Number
www.sherouseforschools.com		336-500-1178

a. Full Name		e. Party Affiliation	
Alan Proctor Sherouse		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
204 Isabel St Greensboro NC 27401		Board of Education	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-500-1178	apsherouse@gmail.com	2022	At-Large
<input checked="" type="checkbox"/> Email copy of report notices			

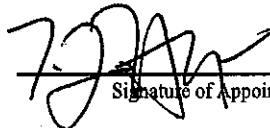
a. Full Name		a. Full Name	
Thomas Lane Hayes			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1001 N. Eugene St. Greensboro NC 27401			
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
704-231-1696	tlanehayes@gmail.com		
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	
RECEIVED MAY 06 2022 GUILFORD COUNTY BOARD OF ELECTIONS		First Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1	Checking
<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.

Thomas Lane Hayes

Printed Name of Treasurer



Signature of Appointed Treasurer

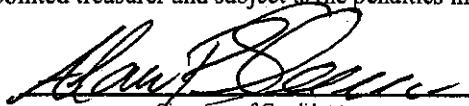
5/5/2022

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.

Alan Proctor Sherouse

Printed Name of Candidate



Signature of Candidate

5/5/2022

Date