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
Anthony Penland Committee	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
PO Box 97275; Raleigh, NC 27624	7/16/2025
c. Committee Website (Optional)	**f. Phone Number**
www.chiefpenland.com	919-324-6606

2. Candidate Information

a. Full Name	e. Party Affiliation
Anthony Penland	REP
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
PO Box 97275; Raleigh, NC 27624	NC HOUSE

c . Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
		2026	115

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3. Treasurer Information

a. Full Name	
Collin McMichael	
b. Mailing Address (include City, State, and Zip Code)	
PO Box 97275; Raleigh, NC 27624	
c. Phone Number	**d. Email Address**
919-889-1817	APCNC@cmandco.com

Send report notices by email ☐ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
Joe Patton	
b. Mailing Address (include City, State and Zip Code)	
PO Box 97275; Raleigh, NC 27624	
c. Phone Number	**d. Email Address**
919-889-1817	APCNC@cmandco.com

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5. Custodian of Books Information (Keeper of Records)

a. Full Name	
Collin McMichael	
b. Mailing Address (include City, State, and Zip Code)	
PO Box 97275; Raleigh, NC 27624	
c. Phone Number	**d. Email Address**
919-889-1817	APCNC@cmandco.com

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6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
Truist Bank	
b. Account Code	**c. Type**
01	Checking

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.

Collin McMichael	Collin McMichael Digitally signed by Collin McMichael Date: 2025.07.25 12:05:37 -04'00'	7/16/2025
Printed Name of Treasurer	Signature of Appointed Treasurer	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.

Anthony Penland	Anthony Penland Digitally signed by Anthony Penland Date: 2025.07.25 12:04:51 -04'00'	7/16/2025
Printed Name of Candidate	Signature of Candidate	Date