

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> 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
ONE TRIBE		
b. Mailing Address (include City, State and Zip Code)		e. Date Organized
2081 HEIDELBURG DR WINSTON SALEM, NC 27106		12/20/23
c. Committee Website (Optional)		f. Phone Number
		(336) 926-8443

2. Candidate Information

a. Full Name		e. Party Affiliation	
KYMBERLI RENE WELLMAN		DEMOCRAT	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2081 HEIDELBURG DR WINSTON SALEM, NC 27106		CITY OF WINSTON-SALEM COUNCIL MEMBER NORTH WARD	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(336) 926-8443	Kyberliwellman@gmail.com	2024	
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	
Dayatra K. Bradley	
b. Mailing Address (include City, State, and Zip Code)	
4115 Whitfield Rd W-S, NC 27105	
c. Phone Number	d. Email Address
336-997-7358	dbradley1208@gmail.com
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address
Email copy of report notices <input type="checkbox"/>	

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	
PIEDMONT SAVINGS AND LOAN	
b. Account Code	c. Type
0923	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.

Dayatra K. Bradley Printed Name of Treasurer DK Bradley Signature of Appointed Treasurer 1/2/24 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.

KYMBERLI WELLMAN Printed Name of Candidate Kyberli Wellman Signature of Candidate 12/20/23 Date