

# 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		d. ID Number	
Ven Challa For Lewisville Town Council		1CQ62P	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1063 Woodview Ridge Trl, Lewisville, NC 27023-7647		07/18/2023	
c. Committee Website (Optional)		f. Phone Number	
VenChallaForLewisville.com (under construction)		336-749-2451	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Venkata Ramana Challa		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
27023 1063 Woodview Ridge TRL, Lewisville, NC		Councilman, Town of Lewisville	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-749-2451	vchalla45@yahoo.com	2023	Lewisville, Forsyth County, North Carolina
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Venkata Ramana Challa (Candidate himself)		None at present, may be appointed later	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1063 Woodview Ridge TRL, Lewisville, NC 27023			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-749-2451	vchalla45@yahoo.com		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
Venkata R. Challa, MD		Truist Bank, Lewisville Branch	
b. Mailing Address (include City, State, and Zip Code)			
1063 Woodview Ridge TRL, Lewisville, NC 27023			
c. Phone Number	d. Email Address	b. Account Code	c. Type
336-749-2451	vchalla45@yahoo.com	4190	Checking
<input checked="" 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>Venkata R. Challa, MD</u>      <u>Venkata R. Challa, MD</u>      <u>07/21/2023</u>  Printed Name of Treasurer      Signature of Appointed Treasurer      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>Venkata R. Challa, MD</u>      <u>Venkata R. Challa, MD</u>      <u>07/21/2023</u>  Printed Name of Candidate      Signature of Candidate      Date </p>			



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

**This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.**

**This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.**

#### FILED BY:

Committee Name: Ven Challa For Lewisville Town Council

Treasurer Name: Venkata R. Challa, MD

Treasurer Address: 1063 Woodview Ridge TRL, Lewisville, NC 27023  
(include city, state, & zip)

Treasurer Phone: 3367492451

#### Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

07/21/2023

Date Signed

Venkata R. Challa, MD

Signature

Venkata R. Challa, MD



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Venkata R. Challa, MD

Committee Name: Ven Challa For Lewisville Town Council

Treasurer Name: Venkata R. Challa, MD

If Candidate is own treasurer, designate an agent to carry out designations: ATAY CHALLA

Committee ID #: 1CQ62P

Level Registered: [State] [County] If county, specify: Lewisville Town council, FORSYTH

I, Venkata R. Challa, MD, hereby direct that in the event of my death or incapacity, all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>FCGOP</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Venkata R. Challa, MD

Date: 07/21/2023