

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☐ No

1. Committee Information					
a. Full Name <i>Committee to elect Joyce McGee</i>				c. ID Number	
b. Mailing Address (Include City, State and Zip Code) <i>7680 Stonewell Ln. Tobaccoville NC 27050</i>				d. Date Organized <i>7-7-15</i>	
				e. Phone Number <i>336-983-0994</i>	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name <i>Joyce McGee</i>			e. Candidate ID Number <i>3CQXPL</i>		f. Party Affiliation (Indicate Non-partisan if applicable)
b. Mailing Address (Include City, State, and Zip Code) <i>7680 Stonewell Ln. Tobaccoville NC 27050</i>			g. Office Sought <i>Tobaccoville Council</i>		
c. Phone Number <i>983-0994</i>		d. Email Address		h. Next Election Year	
				i. Jurisdiction	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name <i>Joyce McGee</i>			a. Full Name		
b. Mailing Address (Include City, State, and Zip Code) <i>7680 Stonewell Ln. Tobaccoville NC 27050</i>			b. Mailing Address (Include City, State, and Zip Code)		
c. Phone Number <i>983-0994</i>		d. Email Address		c. Phone Number	
				d. Email Address	
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
			<i>none</i>		
b. Mailing Address (Include City, State, and Zip Code)			b. Purpose		
c. Phone Number		d. Email Address		e. Account Code	
				d. Type	
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.					
<i>Joyce McGee</i> Printed Name of Signer		<i>Joyce McGee</i> Signature of Appointed Treasurer		<i>7-7-15</i> Date	



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

FILED BY:

Candidate Name: Joyce McGee
Treasurer Name: Joyce McGee
Treasurer Address: 7480 Stonewall Ln.
(include city, state, & zip) Tobaccoville NC 27050

Treasurer Phone: 336-983-0994

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7-7-15

Date Signed

Joyce McGee
Signature of Candidate