

Statement of Organization - Candidate Committee

Amendment
 Yes No

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).

| 1. Committee Information | | | |
|---|-----------------------------|--|---------------------------------------|
| a. Full Name | | c. ID Number | |
| William Clay SR. ^W Willie Clay For | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 18 Wilson St. NE Concord, NC 28025 | | 7-11-17 | |
| | | e. Phone Number | |
| | | 704-786-2463 | |
| 2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee | | | |
| a. Full Name | | e. Candidate ID Number | f. Party Affiliation |
| William Madison Clay SR. | | | |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | |
| 18 Wilson St. NE Concord, NC 28025 | | | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| 704-786-2463 | lisaclay82@bnc.com | | |
| <input type="checkbox"/> Email copy of notices | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| William CLAY SR | | William Clay SR | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 18 WILSON ST NE | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 704-786-2463 | Lisa Clay 82 AT 4440 P. com | | |
| 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 | b. Purpose |
| | | | RECEIVED |
| b. Mailing Address (include City, State, and Zip Code) | | c. Account Code | d. Type |
| | | | CABARRUS COUNTY BOARD OF ELECTIONS |
| c. Phone Number | | d. Email Address | |
| | | | |
| <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. | | | |
| William Madison Clay | | Signature of Appointed Treasurer | 7-10-17 |
| Printed Name of Signer | | | Date |