



# 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).

<b>1. Committee Information</b>			
a. Full Name <del>William Edward Meadows</del> Will for MP WEM		c. ID Number N/A	
b. Mailing Address (include City, State and Zip Code) 1305 N. Main St Mount Pleasant, NC 28124		d. Date Organized 07/21/2017	
		e. Phone Number 704-877-5975	
<b>2. Candidate Information</b> <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name William Edward Meadows		e. Candidate ID Number N/A	f. Party Affiliation Non-partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 1305 N Main St. Mount Pleasant, NC 28124		g. Office Sought Commissioner of Mount Pleasant	
c. Phone Number 704-877-5975	d. Email Address williammea05@gmail.com	h. Next Election Year 2017	i. Jurisdiction
<input checked="" type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name William Edward Meadows		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) 1305 N Main St Mount Pleasant, NC 28124		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 704-877-5975	d. Email Address williammea05@gmail.com	c. Phone Number	d. Email Address
			
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> <small>(incl. CRO-3500)</small>	
a. Full Name N/A		a. Financial Institution Full Name State Employee's Credit Union	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Transactions	
c. Phone Number	d. Email Address	c. Account Code 1	d. Type Checking
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
<u>William Edward Meadows</u> Printed Name of Signer		 Signature of Appointed Treasurer	<u>07/21/17</u> Date