



# 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 Whipple for Harrisburg		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 4822 Huddersfield Dr Harrisburg, NC 28075		d. Date Organized 7/17/2017	
		e. Phone Number 704-421-3494	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Daniel Marsh Whipple		e. Candidate ID Number	f. Party Affiliation Republican
b. Mailing Address (include City, State, and Zip Code) 4822 Huddersfield Dr Harrisburg, NC 28075		g. Office Sought Town of Harrisburg Council	
c. Phone Number 704-421-3494	d. Email Address danwhipple69@gmail.com	h. Next Election Year 2017	i. Jurisdiction
<input type="checkbox"/> Email copy of notices		<div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em; color: red; font-weight: bold;">JUL 24 2017</div> <div style="font-size: 0.8em; color: blue; font-weight: bold;">CABARRUS COUNTY BOARD OF ELECTIONS</div>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Daniel Marsh Whipple		a. Full Name NA	
b. Mailing Address (include City, State, and Zip Code) 4822 Huddersfield Dr Harrisburg, NC 28075		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 704-421-3494	d. Email Address danwhipple69@gmail.com	c. Phone Number	d. Email Address
I prefer to receive my 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 NA		a. Financial Institution Full Name Bank of America	
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			
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.			
 _____ Printed Name of Signer		 _____ Signature of Appointed Treasurer	
		7-24-2017 _____ Date	