


Statement of Organization - Candidate Committee

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 | |
| COMMITTEE TO ELECT DERRICK WALTON | | | | | |
| b. Mailing Address (include City, State and Zip Code) | | | | d. Date Organized | |
| 4415 Whitetail LN Midland, NC 28107 | | | | 7/16/2019 | |
| | | | | e. Phone Number | |
| | | | | 704-464-8021 | |
| 2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee | | | | | |
| a. Full Name | | e. Candidate ID Number | | f. Party Affiliation | |
| Derrick Earl Walton | | | | Non-Partisan <small>(Indicate Non-partisan if applicable)</small> | |
| b. Mailing Address (include City, State, and Zip Code) | | | g. Office Sought | | |
| 4415 Whitetail LN Midland, NC 28107 | | | City Council | | |
| c. Phone Number | d. Email Address | | h. Next Election Year | i. Jurisdiction | |
| 704-464-8021 | derrickformidland@gmail.com | | 2019 | Midland | |
| <input checked="" type="checkbox"/> Email copy of notices | | | | | |
| 3. Treasurer Information | | | 4. Custodian of Books Information | | |
| a. Full Name | | | a. Full Name | | |
| Janet Haole | | | Joanne Walton | | |
| b. Mailing Address (include City, State, and Zip Code) | | | b. Mailing Address (include City, State, and Zip Code) | | |
| 4415 Whitetail LN Midland, NC 28107 | | | 4415 Whitetail LN Midland, NC 28107 | | |
| c. Phone Number | d. Email Address | | c. Phone Number | d. Email Address | |
| 704-464-8021 | janet.haole@gmail.com | | 704-464-8021 | jwalton704@gmail.com | |
| I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices | | | | | |
| 5. Assistant Treasurer Information | | | 6. Account Information <small>(incl. CRO-3500)</small> | | |
| a. Full Name | | | a. Financial Institution Full Name | | |
| | | | Woodforest Bank | | |
| b. Mailing Address (include City, State, and Zip Code) | | | b. Purpose | | |
| | | | Checking account for committee | | |
| c. Phone Number | d. Email Address | | c. Account Code | d. Type | |
| | | | 1968 | 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. | | | | | |
| Janet Haole | | |  | | 7/16/2019 |
| Printed Name of Signer | | | Signature of Appointed Treasurer | | Date |