

JUL 25 2019

Statement of Organization - Candidate Committee

Amendment
 Yes No

RECEIVED

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 <i>Committee to Elect Toni Wheeler Jenschke</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>6230 Roseway Ct Harrisburg NC 28075</i>		d. Date Organized <i>7/25/19</i>	e. Phone Number <i>(704) 773 3729</i>
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>Toni Wheeler Jenschke</i>		e. Candidate ID Number	f. Party Affiliation <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>6230 Roseway Ct Harrisburg NC 28075</i>		g. Office Sought <i>Harrisburg Town Council</i>	
c. Phone Number	d. Email Address <i>toni.wheeler.jenschke@gmail.com</i>	h. Next Election Year <i>2019</i>	i. Jurisdiction
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Samuel Wheeler Jenschke</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>6230 Roseway Ct Harrisburg NC 28075</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>(704) 773 9026</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 <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name <i>Bank of OZ</i>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>checking acct for committee</i>	
c. Phone Number	d. Email Address	c. Account Code <i>A</i>	d. Type <i>checking</i>
<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>Samuel Wheeler Jenschke</i> Printed Name of Signer		<i>Samuel Wheeler Jenschke</i> Signature of Appointed Treasurer	
		<i>7/24/19</i> Date	