

7/19/21

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Richard Wise for Midland Councilman			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3403 Brickwood Circle		7/9/2021	
c. Committee Website (Optional)		f. Phone Number	
		704-607-6992	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Richard Wise		Independent	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3403 Brickwood Circle Midland NC 28107		Town Councilman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-607-6992	RWise@gmail.com	2021	Cabarrus County
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Richard P Wise			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
3403 Brickwood Circle Midland NC, 28107			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-607-6992	RWise@gmail.com		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
		c. Type	
c. Phone Number	d. Email Address		
<input type="checkbox"/> Email copy of report notices			
I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.			
Richard P Wise		7/9/2021	
Printed Name of Treasurer		Signature of Appointed Treasurer	
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.			
Richard P Wise		7/9/2021	
Printed Name of Candidate		Signature of Candidate	

CABARRUS COUNTY
 BOARD OF ELECTIONS
 JUL 15 2021
 RECEIVED