

DUE 7/17/2023

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" 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 Committee to Elect Lori Clay		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 104 Washington Lane SE Concord NC 28025		e. Date Organized 7/10/23	
c. Committee Website (Optional) LCCLAYforcouncil.com		f. Phone Number 9803227088	
2. Candidate Information			
a. Full Name Lori Clay		e. Party Affiliation	
b. Mailing Address (include City, State, and Zip Code) 104 Washington Lane SE Concord NC 28025		f. Office Sought City Council	
c. Phone Number 9803227088	d. Email Address lclay@vet.net	g. Next Election Year 2023	h. Jurisdiction
<input checked="" type="checkbox"/> Email copy of report notices lclayforcouncil@gmail.com			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Lori Clay		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 104 Washington Lane SE, Concord, NC 28025		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 9803227088	d. Email Address lclayforcouncil@gmail.com	c. Phone Number	d. Email Address
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 Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code A	c. Type Checking
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p> <u>Lori Clay</u> Printed Name of Treasurer <u>[Signature]</u> Signature of Appointed Treasurer <u>7/17/23</u> Date </p> <p>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.</p> <p> <u>Lori Clay</u> Printed Name of Candidate <u>[Signature]</u> Signature of Candidate <u>7/10/23</u> Date </p>			