

DUE 7/24

# 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		d. ID Number	
The Committee to Elect Crystal Anderson			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
8715 Savannah Rd. Harrisburg, NC 28075		July 18, 2023	
c. Committee Website (Optional)		f. Phone Number	
		719)849-3479	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Crystal B. Anderson			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
8715 Savannah Rd Harrisburg, NC 28075		Harrisburg Town Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
719)849-3479	CrystalForHarrisburgNC@outlook.com	2023	Harrisburg
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Crystal B. Anderson			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
8715 Savannah Rd. Harrisburg NC 28075			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
719)849-3479	CrystalForHarrisburgNC@outlook.com		
Send report notices by email <input type="checkbox"/> Yes <input checked="" 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	
		F&M Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1	Business 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>			
<u>Crystal B. Anderson</u> Printed Name of Treasurer		<u>Crystal B. Anderson</u> Signature of Appointed Treasurer	
		<u>7/18/23</u> Date	
<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>			
<u>Crystal B. Anderson</u> Printed Name of Candidate		<u>Crystal B. Anderson</u> Signature of Candidate	
		<u>7/18/23</u> Date	