

Dve 7/29

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	
Simpson For Mt. Pleasant		-	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
P.O. Box 66 Mt. Pleasant, NC 28124		7/24/23	
c. Committee Website (Optional)		f. Phone Number	
		(704) 425-1676	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Justin E. Simpson		Unaffiliated	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
P.O. Box 66 Mt. Pleasant, NC 28124		Mt. Pleasant Town Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(704) 425-1676	simpsonj@mtpleasantnc.us	2023	Mt. Pleasant
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Justin E. Simpson			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
P.O. Box 66 Mt. Pleasant NC, 28124			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(704) 425-1676	simpsonj@mtpleasantnc.us		
<input type="checkbox"/> 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)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

RECEIVED BY MAIL
 JUL 28 2023
 CABARRUS COUNTY BOARD OF ELECTIONS

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.

Justin E. Simpson _____ 7/24/23
 Printed Name of Treasurer Signature of Appointed Treasurer Date

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.

Justin E. Simpson _____ 7/24/23
 Printed Name of Candidate Signature of Candidate Date