

Statement of Organization - Candidate Committee

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

Use 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		c. ID Number	
Marshall Ward for Concord City Council		N/A	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
98 Cabarrus Ave W Concord, NC 28025		7/14/2017	
		e. Phone Number	
		980-248-3316	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
Marshall Douglas Ward	N/A	Unaffiliated	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
98 Cabarrus Ave W Concord, NC 28025		City Council District 4	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
980-248-3316	wardforconcordcitycouncil@gmail.com	2017	Muni-Con
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Marshall Douglas Ward		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
98 Cabarrus Ave W Concord, NC 28025			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
	wardforconcordcitycouncil@gmail.com		
I prefer to receive my notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
N/A		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Transactions	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	Checking
<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.			
Marshall Douglas Ward Printed Name of Signer		Marshall Ward Signature of Appointed Treasurer	7/24/2017 Date