Statement of Organization - Candidate Committee

Amer	idment		
	Yes	\boxtimes	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)
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1. Committee Informatio	n				
a. Full Name		1,	c. ID Numb	per	
b. Mailing Address (include Cit 4365 Flowes Store Rd	BUNT81/16/18				
b. Mailing Address (include Cit	ty, State and Zip Code ARD OF ELE	CHONS	d. Date Organized		
4365 Flowes Store Rd Concord, NC 28025	JAN 16	2018	1/12/2018		
,,			e. Phone Number		
RECEIVE		En	980-521-6931		
2. Candidate Information	1	Candidate's Primary Committee		mittee	
a. Full Name		e. Candidate ID Number f. Party Affiliation		f. Party Affiliation	
Adam Edward Peck		Republican		Republican	
b. Mailing Address (include Cit	ty, State, and Zip Code)	g. Office Sought			
4365 Flowes Store Rd					
Concord, NC 28025		Sheriff	Sheriff		
c. Phone Number	d. Email Address			-	
980-521-6931	bethanypeck86@gmail.com	h. Next Election Year		i. Jurisdiction	
☐ Email copy of notices	71 00	2018			
3. Treasurer Information	1	4. Custodian of Books Info	rmation		
a. Full Name		a. Full Name			
Adam Edward Peck					
b. Mailing Address (include Ci	ty, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)			
4365 Flowes Store Rd		and any court			
Concord, NC 28025					
c. Phone Number	d. Email Address	c. Phone Number	d. Email A	ddress	
980-521-6931	adam pedeforsheriff 2018 Damin.				
I prefer to receive my noti		Email copy of notices			
5. Assistant Treasurer In	nformation Add	6. Account Information	(incl. CRO	-3500) Add	
a. Full Name	Remoye	a. Financial Institution Full Name Remove			
Bethany Rebecca Peck	190	Uwkarrie			
b. Mailing Address (include Ci	ty, State, and Zip Code)	b. Purpose			
4365 Flowes Store Rd	1110				
Concord, NC 28025	0//10/19	Campaign TV	ansactio	en s	
c. Phone Number	d. Email Address	c. Account Code	1. 302 07 13	d. Type	
704-886-8132	bethanypeck86@gmail.com	7010			
Email copy of notices		7812		Checking	
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.					
Adam	Al Edral	VA.	01/16/18		
	me of Signer	Signature of Appointed Treasurer		Date	