

JUL 9 2019

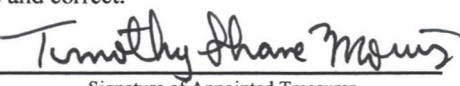
Amendment
 Yes No

Statement of Organization - Candidate Committee

RECEIVED

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		
COMMITTEE TO ELECT TIM MORRIS					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
4152 ABERNATHY PL HARRISBURG NC 28075			07/08/2019		
			e. Phone Number		
			704-773-7634		
2. Candidate Information					<input checked="" type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
TIMOTHY SHANE MORRIS				NON-PARTICAN <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
4152 ABERNATHY PL HARRISBURG NC 28075		TOWN OF HARRISBURG CANCEL MEMBER			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
704-773-7634	TMORRIS4@CAROLINA.RR.COM	2019		HARRISBURG	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
TIMOTHY SHANE MORRIS			TIMOTHY SHANE MORRIS		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
4152 ABERNATHY PL HARRISBURG NC 28075			4152 ABERNATHY PL HARRISBURG NC 28075		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
704-773-7634	TMORRIS4@CAROLINA.RR.COM	704-773-7634	TMORRIS4@CAROLINA.RR.COM		
I prefer to receive 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 <small>(incl. CRO-3500)</small>			
a. Full Name		a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
		WELLS FARGO		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
		CHECKING ACCOUNT FOR COMMITTEE			
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.					
TIMOTHY SHANE MORRIS				07/09/2019	
Printed Name of Signer		Signature of Appointed Treasurer		Date	