

JUL 26 2019

RECEIVED

Statement of Organization - Candidate Committee

Amendment
 Yes 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 <i>Simpson For Mt. Pleasant</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 66 Mt. Pleasant, NC 28124</i>		d. Date Organized <i>7/16/19</i>	e. Phone Number <i>(704) 425-1676</i>
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>Justin Edmond Simpson</i>		e. Candidate ID Number	f. Party Affiliation <i>NON-PARTISAN</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>PO Box 66 Mt. Pleasant, NC 28124</i>		g. Office Sought <i>Town of MP Commissioner</i>	
c. Phone Number <i>(704) 425-1676</i>	d. Email Address <i>jsimpson@cfachurch.com</i>	h. Next Election Year <i>2019</i>	i. Jurisdiction <i>Mount Pleasant</i>
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Justin Edmond Simpson</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>PO Box 66 Mt. Pleasant, NC 28124</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>(704) 425-1676</i>	d. Email Address <i>jsimpson@cfachurch.com</i>	c. Phone Number	d. Email Address
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		<i>N/A</i> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number		c. Account Code	d. Type
d. Email Address			
<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.			
<i>Justin Simpson</i> Printed Name of Signer		<i>Justin Simpson</i> Signature of Appointed Treasurer	<i>7/16/19</i> Date