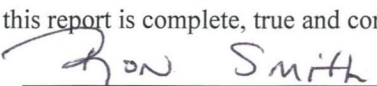
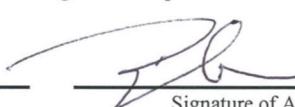
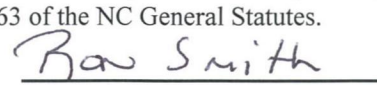



# Statement of Organization - Candidate Committee

Is this statement:	
<input 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	
Campaign to Elect Ron Smith			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3118 Sea Island Lane Harrisburg, NC 28075-9658			
c. Committee Website (Optional)		f. Phone Number	
https://www.facebook.com/Smithforharrisburg			
2. Candidate Information			
a. Full Name		e. Party Affiliation	
William Ronald Smith Jr.			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3118 Sea Island Lane Harrisburg NC 28075-9658		Harrisburg Town Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-724-9516	rsmith20@carolina.rr.com	2023	Harrisburg
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
William Ronald Smith Jr			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3118 Sea Island Lane Harrisburg NC 28075-9658			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-724-9516	rsmith20@carolina.rr.com		
Send report notices by email <input checked="" 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	
		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		Campaign Funds	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1	Checking
<input type="checkbox"/> Email copy of report notices			
<p>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.</p>			
 Printed Name of Treasurer		 Signature of Appointed Treasurer	
		Date: 7/13/23	
<p>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.</p>			
 Printed Name of Candidate		 Signature of Candidate	
		Date: 7/13/23	