

DUE 7/21/2023

Statement of Organization - Candidate Committee

Is this statement: New 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	
Committee to REElect Del Eudy			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 1017 mt Pleasant NC 28124		7-20-23	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
William Del Eudy			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 1017 mt Pleasant NC 28124		mt Pleasant Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704 791 7432	eudyd@mtpleasantnc.us	2023	Municipal
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
William Del Eudy			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO Box 1017 mt Pleasant NC 28124			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704 791 7432	eudyd@mtpleasantnc.us		
<input type="checkbox"/> Email copy of report notices		<input type="checkbox"/> Email copy of report notices	
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

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.

William Del Eudy William Del Eudy 7-20-23
 Printed Name of Treasurer Signature of Appointed Treasurer Date

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.

William Del Eudy William Del Eudy 7-20-23
 Printed Name of Candidate Signature of Candidate Date