

DUE 7/30

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" 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	
Committee to Elect STEVEN DIXON		-	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 425 MOUNT PLEASANT, NC 28124		7-20-23	
c. Committee Website (Optional)		f. Phone Number	
		704-960-3266	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
STEVEN RAY DIXON			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 425 MOUNT PLEASANT, NC 28124		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-960-3266	dixon@s@MTPLEASANTNC.US		
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
STEVEN RAY DIXON			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
28124 PO Box 425 Mount Pleasant NC			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704 960 3266	dixon@s@MTPLEASANTNC.US		
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	
STEVEN RAY DIXON			
b. Mailing Address (include City, State, and Zip Code)			
PO Box 425 MOUNT PLEASANT NC 28124			
c. Phone Number	d. Email Address	b. Account Code	c. Type
704 960 3266	dixon@s@MTPLEASANTNC.US		
<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> <p> <u>STEVEN RAY DIXON</u> <u>Steven Ray Dixon</u> 7-26-23 Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <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> <p> <u>STEVEN RAY DIXON</u> <u>Steven Ray Dixon</u> 7-26-23 Printed Name of Candidate Signature of Candidate Date </p>			

JUL 31 2023