

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
Elect John Paul	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
4817 Brockton Ct. NW Concord, NC 28027	7/17/2025
c. Committee Website (Optional)	f. Phone Number
	704-467-3935

2. Candidate Information			
a. Full Name		e. Party Affiliation	
John Paul		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
4817 Brockton Ct. NW Concord, NC 28027		Council - District 4	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-467-3935	jmpaul6267@gmail.com	2025	City of Concord
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
John Paul		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4817 Brockton Ct. NW Concord, NC 28027			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-467-3935	jmpaul6267@gmail.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	
N/A		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		001	checking
<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.

John Paul
Printed Name of Treasurer

[Signature]
Signature of Appointed Treasurer

7.23.25
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.

John Paul
Printed Name of Candidate

[Signature]
Signature of Candidate

7.23.25
Date