

Statement of Organization - Candidate Committee

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).

Amendment
 Yes No

1. Committee Information			
a. Full Name		c. ID Number	
JOHN WAIT FOR MAYOR		RECEIVED	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
6310 ARMSBY RD. CLEMMONS, NC 27012		7/17/17	
		e. Phone Number	
		336-601-8789	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
JOHN LAWRENCE WAIT			N-P/IND.
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
6310 ARMSBY RD. CLEMMONS, NC 27012		CLEMMONS MAYOR	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-601-8789	john.l.wait@gmail.com		
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
JOANNE HOLBROOK ELLIOTT-PERRY			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
579 RIVERVIEW DR. LEXINGTON, NC 27292			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
87-338-380	mrshdtattre@yahoo.com		
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 (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
		FIRST NATIONAL BANK	COMMITTEE
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
		FNB	CHECKING
c. Phone Number		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.			
JOHN WAIT			8/12/19
Printed Name of Signer		Signature of Appointed Treasurer	Date