

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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).

1. Committee Information					
a. Full Name Committee to Elect Les Morrow				c. ID Number	
b. Mailing Address (include City, State and Zip Code) PO Box 506 Claremont, NC 28610				d. Date Organized 2/9/2017	
				e. Phone Number (828) 217-0811	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name Les Morrow		e. Candidate ID Number		f. Party Affiliation Non-Partisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code) PO Box 506 Claremont, NC 28610		g. Office Sought Claremont City Council			
c. Phone Number (828) 217-0811	d. Email Address lgmorrow14@gmail.com	h. Next Election Year 2017		i. Jurisdiction Claremont	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name Les Morrow			a. Full Name N/A		
b. Mailing Address (include City, State, and Zip Code) PO Box 506 Claremont, NC 28610			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number (828) 217-0811	d. Email Address lgmorrow14@gmail.com	c. Phone Number		d. Email Address	
<input type="checkbox"/> I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name N/A		a. Financial Institution Full Name N/A			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
c. Phone Number	d. Email Address	c. Account Code		d. Type	
<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.					
LES Morrow Printed Name of Signer		Leo Morrow Signature of Appointed Treasurer		2-9-2017 Date	



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 2761-7255
(919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Les Morrow

Treasurer Name: Les Morrow

Treasurer Address: PO Box 506

(include city, state, & zip) Claremont, NC 28610

Treasurer Phone: (828) 217-0811

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2-9-2017

Date Signed

Les Morrow
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.