

Statement of Organization - Candidate Committee

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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				c. ID Number	
Friends of Laci LeBlanc					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
1816 15th St PI NE Hickory, NC 28601				2/12/2018	
				e. Phone Number	
				828-308-2415	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name			c. Candidate ID Number		f. Party Affiliation
Laci Jane LeBlanc					Democrat
					(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
1816 15th St PI NE Hickory, NC 28601			Catawba Co Board of Commissioners		
c. Phone Number		d. Email Address		h. Next Election Year	
828-308-2415		lacileblanc@gmail.com		2018	
				i. Jurisdiction	
				County	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Guy Paul Scronce			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
610 8th St Dr NW Hickory, NC 28601					
c. Phone Number		d. Email Address		c. Phone Number	
828-244-3682		scronceg@gmail.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) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name		
N/A			BB&T		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Campaign Account		
c. Phone Number		d. Email Address		c. Account Code	
				TAR	
				d. Type	
				Checking	
<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.					
Guy P Scronce			[Signature]		3/2/2018
Printed Name of Signer			Signature of Appointed Treasurer		Date