

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

1. Committee Information

a. Full Name Committee to Elect Chris Reese	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 1088 Claremont, NC 28610	d. Date Organized 7/16/2019
	e. Phone Number 828-446-1471

2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name Christopher Neal Reese	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 1088 Claremont, NC 28610	g. Office Sought Councilman	
c. Phone Number 828-446-1471	d. Email Address chrisreese@pearlywhites4life.com	h. Next Election Year 2019
		i. Jurisdiction Claremont

☒ Email copy of notices

3. Treasurer Information

a. Full Name Christopher Neal Reese	a. Full Name N/A
b. Mailing Address (include City, State, and Zip Code) PO Box 1088 Claremont, NC 28610	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number 828-446-1471	d. Email Address chrisreese@pearlywhites4life.com
c. Phone Number	d. Email Address

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add
☐ Remove

a. Full Name N/A	a. Financial Institution Full Name Peoples
b. Mailing Address (include City, State, and Zip Code)	b. Purpose Campaign Account
c. Phone Number	d. Type Checking
d. Email Address	c. Account Code CNR

☐ 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.

Christopher Neal Reese

Printed Name of Signer

Christopher Neal Reese

Signature of Appointed Treasurer

08/23/19

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Committee to Elect Chris Reese

Treasurer Name: Christopher Neal Reese

Treasurer Address: PO Box 1088

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

Treasurer Phone: 828-446-1471

Check One:

☐ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DISCLAIMER CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☒ I am withdrawing my Certification to remain under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously from the beginning of the current election cycle. I further agree to file all future reports required.

08/23/19
Date Signed

Christopher Neal Reese
Signature