

Statement of Organization - Candidate Committee

Amendment



Yes



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
Committee to Elect Will Locke	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
PO Box 9641 Hickory, NC 28603	7/21/2017
	e. Phone Number
	828-781-7496

2. Candidate Information



Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
William Jenkins Locke		Non-Partisan
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
PO Box 9641 Hickory, NC 28603	Mayor	
c. Phone Number	d. Email Address	
828-781-7496	will@lockeformayor.com	
h. Next Election Year		i. Jurisdiction
2017		Hickory
<input type="checkbox"/> Email copy of notices		

3. Treasurer Information

a. Full Name	a. Full Name
Will Locke	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
PO Box 9641 Hickory, NC 28603	
c. Phone Number	d. Email Address
828-781-7496	will@lockeformayor.com

I prefer to receive my notices by email ☐ Yes ☐ No☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add☐ Remove

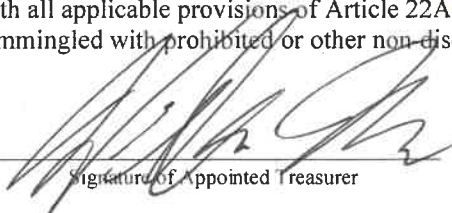
a. Full Name	6. Account Information (incl. CRO-3500)	<input type="checkbox"/> Add
	a. Financial Institution Full Name	<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	
c. Phone Number	d. Email Address	c. Account Code
<input type="checkbox"/> Email copy 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.



Printed Name of Signer



Signature of Appointed Treasurer



Date



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Treasurer

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

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

FILED BY:

Candidate Name: Will Locke
Treasurer Name: Will Locke
Treasurer Address: PO Box 9641
(include city, state, & zip) Hickory, NC 28603
Treasurer Phone: 828-781-7496

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).

08/02/18

Date Signed

Signature of Candidate

