

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information	
a. Name of Committee Jane Welch for Council	d. ID Number
b. Mailing Address (include City, State and Zip Code) 250 Arrowleaf Dr Lewisville NC 27023	e. Date Organized 7-9-21
c. Committee Website (Optional)	f. Phone Number

2. Candidate Information			
a. Full Name Jane Welch		e. Party Affiliation Unaffiliated	
b. Mailing Address (include City, State, and Zip Code) 250 Arrowleaf Dr. Lewisville NC 27023		f. Office Sought Lewisville Town Council	
c. Phone Number 336-945-9428	d. Email Address janewelch675@yahoo.com	g. Next Election Year	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Jane Welch		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 250 arrowleaf Dr Lewisville, NC 27023		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 336-945-9428	d. Email Address janewelch675@yahoo.com	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name Wells Fargo Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code 4284	c. Type Checking Account
<input type="checkbox"/> Email copy of report notices			

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Jane Welch Printed Name of Treasurer
 Jane Welch Signature of Appointed Treasurer
 7-9-21 Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Jane Welch Printed Name of Candidate
 Jane Welch Signature of Candidate
 7-9-21 Date