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BY:

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 resubmit if applicable).

1. Committee Information

a. Full Name	c. ID Number
Joann M McDermon	WHC A99
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
306 Marina Way N. Topsail Beach NC 28460	
	e. Phone Number

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Joann M McDermon	WHC A99	Independent (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
306 Marina Way N. Topsail Beach NC 28460	Alderman / write in Mayor	
c. Phone Number / **d. Email Address**	**h. Next Election Year**	**i. Jurisdiction**
484-614-1207 Topsailmoonlight@aol.com ☐ Email copy of notices	2019	NTB

3. Treasurer Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
Same	
c. Phone Number	**d. Email Address**

I prefer to receive notices by email ☐ Yes ☐ No

4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
Same	
c. Phone Number	**d. Email Address**

☐ Email copy of notices

6. Account Information (incl. CRO-3500)

☐ Add ☐ Remove

a. Financial Institution Full Name	
BB&T	
b. Purpose	
Candidate campaign	
c. Account Code	**d. Type**
JM	Checking

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.

Joann McDermon	JM	10/1/19
Printed Name of Signer	Signature of Appointed Treasurer	Date