

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		d. ID Number	
Melanie Shemo Barnes for Town Council			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
104 W. Roosevelt St. Mayodan NC 27027			
c. Committee Website (Optional)		f. Phone Number	
		3364536044	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Melanie Shemo Barnes			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
104 W. Roosevelt St. Mayodan NC		Mayodan Town Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
3364536044	msbarnes1214@gmail.com		
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Melanie Shemo Barnes			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
104 W. Roosevelt St. Mayodan, NC 27027			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
3364536044	msbarnes1214@gmail.com		
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 (not CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p> <u>Melanie Shemo Barnes</u> <u>Melanie Shemo Barnes</u> <u>7/18/23</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p>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.</p> <p> <u>Melanie Shemo Barnes</u> <u>Melanie Shemo Barnes</u> <u>7/18/23</u> Printed Name of Candidate Signature of Candidate Date </p>			