

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ 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		RECEIVED	
a. Name of Committee <u>Committee To Elect Tom Rogers</u>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>205 S. Lonesome Rd.</u>		e. Date Organized <u>7-7-23</u>	
c. Committee Website (Optional) <u>NA</u>		f. Phone Number <u>336-613-3650</u>	
2. Candidate Information			
a. Full Name <u>Thomas Gerald Rogers</u>		e. Party Affiliation <u>D</u>	
b. Mailing Address (include City, State, and Zip Code) <u>205 S. Lonesome Rd. ^{NC 27025} Madison</u>		f. Office Sought <u>Madison Alderman</u>	
c. Phone Number <u>336-613-3650</u>	d. Email Address <u>Thomasrogers32@gmail.com</u>	g. Next Election Year <u>2023</u>	h. Jurisdiction <u>Rockingham</u>
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <u>Same</u>		a. Full Name <u>NA</u>	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name <u>Same</u>		a. Financial Institution Full Name <u>NA</u>	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input checked="" 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>Thomas Gerald Rogers</u> Printed Name of Treasurer <u>Thomas Gerald Rogers</u> Signature of Appointed Treasurer <u>7-19-23</u> 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>Thomas Gerald Rogers</u> Printed Name of Candidate <u>Thomas Gerald Rogers</u> Signature of Candidate <u>7-19-23</u> Date</p>			