Statement of Organization - Candidate Committee

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

Is this statement:

____ New ____ Amended

Use this form to create a new or update an existing candidate committee.

1. Committee Information		
a. Name of Committee		d. ID Number
The Committee to Re-	= lect VERRU	SMIAH
b. Mailing Address (include City. State and Zip Code)	,	e. Date Organized
600 East MAIN St Sto	marillo NCI	7048 7 28 2023
c. Committee Website (Optional)	Mevine 1- 4	f. Phone Number
c. Committee website (Optional)		
		3365733853
2. Candidate Information		<u> </u>
a. Full Name	e. Party Affiliation	
JERRY L. SMITH	Democ	rat
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	
1 - 1 11 : C1 C1 11 110	·T . (7
600 East Main St Stone villence	I OWN (OUNCIL
c. Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction
3365733853 JETTYSMITH @ SMITH	.	Stoneville
Email copy of report notices	2023	Joneville
3. Treasurer Information	4. Assistant Treasure	r Information
a. Full Name	a. Full Name	TO THE PARTY OF TH
1	··	
JERRY L. SMITH		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include	le City, State and Zip Code)
600 East Nain St Stone Wille No.		
Bhana Namahau al Errall Adduses	c. Phone Number d.	Em2il Address
QCV Challe Classic		
3365733853 financial ad visers . com		
Send report notices by email 2 Yes 100	Email copy of repo	
5. Custodian of Books Information (Keeper of Records)	6. Account Informati	
a, Fuli Name	a. Financial Institution Fu	II Name
	1	DECENIED
b. Mailing Address (include City, State, and Zip Code)		RECEIVED
		JUL 28 2023
c. Phone Number d. Email Address	b. Account Code	Wifgham County, NC
and the state of t	.	Board of Elections
	-	DOGICO OF ERCONOTIO
☐ Email copy of report notices		
	11 0.4.4	1-22 t -£Chanton 1/2 -£4 3/C
I certify that the Committee is in compliance with all applie	ante provisions of Am	in along d funds. I forther continue to
General Statutes and that no funds are commingled with pro-	onibited or other non-di	sciosed funds. I further certify that
this report is complete, true and correct.	ψ	Li u placia
LERRY L. SMITH	CAMMA >	MHM 11201202
	onsture of Appointed Treasu	rer Date
Printed Name of Treasurer Si	gnature of Appointed Tressu	
		reassurer to personally fulfill the
I certify that the information above is correct, and I, as the c	andidate, appoint said t	reasurer to personally fulfill the
I certify that the information above is correct, and I, as the conduction and responsibilities imposed upon the appointed treasure.	andidate, appoint said t	reasurer to personally fulfill the penalties in Article 22A of Chapter
I certify that the information above is correct, and I, as the c	andidate, appoint said t	reasurer to personally fulfill the penalties in Article 22A of Chapter
I certify that the information above is correct, and I, as the conduction and responsibilities imposed upon the appointed treasure.	andidate, appoint said t	reasurer to personally fulfill the penalties in Article 22A of Chapter
I certify that the information above is correct, and f, as the conduction and responsibilities imposed upon the appointed treasured to the NC General Statutes.	andidate, appoint said the transfer and subject to the t	reasurer to personally fulfill the penalties in Article 22A of Chapter MH 1281202 Date
I certify that the information above is correct, and f, as the conduction and responsibilities imposed upon the appointed treasured of the NC General Statutes. Frinted Name of Candidate	and date, appoint said to the	enalties in Article 22A of Chapter