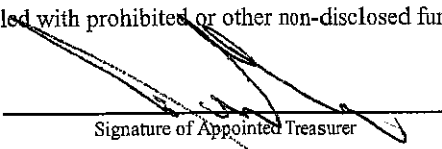


Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" 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	
Joseph Gibson NC House 2024		RA1-000-M116	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
264 Red Oak Drive Stokesdale		12-4-23	
c. Committee Website (Optional)		f. Phone Number	
		336 708-8411	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Joseph A Gibson III		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
264 Red Oak Drive 27357 Stokesdale NC		N.C. House District 65	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Same as above			
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 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	
		RECEIVED	
b. Mailing Address (include City, State, and Zip Code)		DEC 04 2023	
		Rockingham County Board of Elections	
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>			
Joseph A Gibson III Printed Name of Treasurer		 Signature of Appointed Treasurer	12-4-23 Date
<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>			
_____ Printed Name of Candidate		_____ Signature of Candidate	_____ Date