

Statement of Organization - Candidate Committee

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- Z		
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□ Yes □ No

Use this form to create a nev	v or update an	existing candidate	dominittee.	#TY
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This form must be accompanied	by forms CRO-3100 and CRO-3500 (v	when amending Sonly re-submit if applicable).

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a. Full Name		<u>ZU</u> 1	<u>4 JAN 27 PM</u>	2: 32_	c. ID Number	
PICK NICK NELSON FOR MAYOR			RECEIVE	n	SCQT3B	
b. Mailing Address (incl	ude City, State and Zip Code)	The Country to	. L./ 	d. Date Organized	
•	•		•			
110 OAKWOOD DI	RIVE SUITE 550, WINS	TON SALEM N	C 27103		e. Phone Number	
THE OTHER POOR DI					336-926-9722	
2. Candidate Infor	mation	Z. Wildian Sign		Candida	ate's Primary Committee	
a. Full Name			e. Candidate ID Number		f. Party Affiliation	
NICKOLAS NELSO	N		scqt3B		NON PARTISAN (Indicate Non-partican if applicable)	
b. Mailing Address (incl	iude City, State, and Zip Code	e)	g. Office Sought			
110 OAKWOOD DRIVE SUITE 550, WINSTON SALEM NC 27103		MAYOR OF CLEMMONS				
c . Phone Number	d. Email Address		h. Next Election Year		i. Jurisdiction	
336-926-9722	PICKNICKNELSONFO MAIL.COM	RMAYOR@G		,	CLEMMONS	
Email copy of					022	
		4. Custodian of Books Information				
a. Full Name			a, Full Name			
REBECCA ONEYE	AR					
b. Mailing Address (incl	ude City, State, and Zip Code	2)	b. Mailing Address (include City, State, and Zip Code)			
110 OAKWOOD DRIVE SUITE 550, WINSTON SALEM NC 27103						
c. Phone Number	d. Email Address		c. Phone Number	d. Email A	Address	
336-761-0366 BECKYONEYEAR@BROWNJENKIN S.COM						
I prefer to receive		Yes No	Email copy of	of notices	3	
5. Assistant Treasu	rer Information	Add	6. Account Information (incl. CRO-3500) Add			
a, Full Name		Remove	a. Financial Institution	n Full Name	Remove	
b. Mailing Address (incl	ude City, State, and Zip Code	e)	b. Purpose			
					, ,	
c. Phone Number	d. Email Address		c. Account Code	d. Type		
90014						
Email copy of CERTIFICATION	notices		·	1		
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. REBECCA ONEYEAR 1/22/2014						
Printed	d Name of Signer	Sig	nature of Appointed Tre	as(ngr	Date	