

# Statement of Organization - Candidate Committee

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☐ No

## 1. Committee Information

a. Full Name

Chris Wright for Clemmons Council

c. ID Number

ICQ053

b. Mailing Address (include City, State and Zip Code)

6036 Holder Rd.  
Clemmons, NC 27012

d. Date Organized

7-10-15

e. Phone Number

336-978-0816

## 2. Candidate Information

☐ Candidate Primary Committee

a. Full Name

Chris Wright

e. Candidate ID Number

ICQ053

f. Party Affiliation

Republican

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

6036 Holder Rd.  
Clemmons, NC 27012

g. Office Sought

Clemmons Councilman

c. Phone Number

336-978-0816

d. Email Address

wrightsnursery@yahoo.com

h. Next Election Year

2015

i. Jurisdiction

Clemmons

☒ Email copy of notices

## 3. Treasurer Information

a. Full Name

Chris Wright

b. Mailing Address (include City, State, and Zip Code)

6036 Holder Rd.  
Clemmons, NC 27012

c. Phone Number

336-978-0816

d. Email Address

wrightsnursery@yahoo.com

I prefer to receive notices by email

☒ Yes

☐ No

## 4. Custodian of Funds Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

## 5. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of notices

## 6. Account Information

a. Financial Institution Full Name

BB&T

b. Purpose

Political Campaign

c. Account Code

DDA

d. Type

Community  
Checking

## CERTIFICATION

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.

Chris Wright

Printed Name of Signer

Chris Wright

Signature of Appointed Treasurer

7-10-15

Date



North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Candidate Name:

Chris Wrights for Clemmons Council

Treasurer Name:

Chris Wrights

Treasurer Address:

6036 Holder Rd.

(include city, state, & zip)

Clemmons, NC 27012

Treasurer Phone:

336-978-0816

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7-10-15

Date Signed

Chris Wrights  
Signature of Candidate



North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

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### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Chris Wright

Committee Name: Chris Wright for Clemmons Council

Treasurer Name: Chris Wright

If Candidate is own treasurer, designate an agent to carry out designations: Sandra Mock

Committee ID #: ICQ053

Level Registered: [State] [County] If county, specify: Forsyth County

I, Chris Wright, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Clemmons Food Pantry</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Chris Wright

Date: 7-13-15