

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	c. ID Number
PICK NICK NELSON FOR MAYOR	SCQT3B
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
110 RUSTINBURG COURT CLEMMONS NC 27012	6/5/13
	e. Phone Number
	(336) 926-9722

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
NICKOLAS BRETT NELSON		N/P
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
110 RUSTINBURG COURT CLEMMONS NC 27012	MAYOR OF CLEMMONS	
c. Phone Number	d. Email Address	h. Next Election Year
(336) 926-9722	NICKNELSONFORMAYOR@GMAIL.COM	2015
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		CLEMMONS

3. Treasurer Information

a. Full Name
REBECCA ONEYEAR, CPA
b. Mailing Address (include City, State, and Zip Code)
326 S. MAIN STREET WINSTON SALEM NC 27101
c. Phone Number
(336) 761-0366
d. Email Address
BECKYONEYEAR@BROWNJENKINSCO.COM

4. Custodian of Books Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

I prefer to receive notices by email ☐ Yes ☐ No

☐ Yes

☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Account Information (incl. CRO-3500)

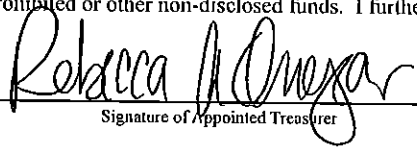
a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
WELLS FARGO	
b. Purpose	
CAMPAIGN FINANCE	
c. Account Code	d. Type
5678	CHECKING

☐ Email copy of notices

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.

REBECCA ONEYEAR
Printed Name of Signer


Signature of Appointed Treasurer

3/9/15
Date