

# Statement of Organization - Candidate Committee

Is this statement:

☐ New ☐ 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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Chris Thompson For Alderman		ZCQXPP	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 351		07/02/2021	
c. Committee Website (Optional)		f. Phone Number	
		3363453679	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
John Christopher Thompson		Non Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 351 Kernersville NC 27285		Kernersville Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
3363453679	jctchristhompson	2022	KE
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Kevin Bugg		Kevin Bugg	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1325 HWY 665 Suite F Kernersville NC 27284		1325 HWY 665 Suite F Kernersville NC 27284	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
3369962681	kevinbugginsurance.com	3369962681	
<input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (Per CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
Chris Thompson		Fidelity Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
PO Box 351 Kernersville NC 27285		1000	
c. Phone Number	d. Email Address	c. Type	
3363453679	jctchristhompson@gmail.com	Checking	
<input type="checkbox"/> Email copy of report notices			
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.			
Kevin Bugg		7/12/21	
Printed Name of Treasurer		Signature of Appointed Treasurer	
		Date	
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.			
Chris Thompson		7/12/21	
Printed Name of Candidate		Signature of Candidate	
		Date	



This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

**This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.**

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

Committee Name:	Chris Thompson For Alderman
Treasurer Name:	Kevin Bugg
Treasurer Address:	1325 Hwy 66 S Suite F
(include city, state, & zip)	Kernersville NC 27284
Treasurer Phone:	336-996-2681

**x I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.**

\_\_\_\_ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

Signature



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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 Thompson

Committee Name: Chris Thompson for Alderman

Treasurer Name: Kevin Bugg

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: 7CQXPP

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Chris Thompson, 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Kerners's Folly Foundation</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: \_\_\_\_\_

Date: 7/12/20