

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.

1. Committee Information

a. Name of Committee	d. ID Number
JohnStanley 4 Liberty	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
214 bass st kenersville nc 27284	7/2/2021
c. Committee Website (Optional)	f. Phone Number
	3369951499

2. Candidate Information

a. Full Name	e. Party Affiliation		
John Stafford Stanley	Libertarian		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
214 bass st kenersville nc 27284	Kenersville Board of Alderman		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
3369951499	jstanley4h@yahoo.com		
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information		
John Stafford Stanley	a. Full Name		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
214 bass st kenersville nc 27284			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
3369951499	jstanley4h@yahoo.com		
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)

a. Full Name	6. Account Information (incl. CRO-3500)		
	a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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.

John Stafford Stanley

Printed Name of Treasurer

Signature of Appointed Treasurer

1/25/2023

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.

Printed Name of Candidate

Signature of Candidate

Date