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

1. Committee Inf	ormation	500. All allended form is require		
a. Name of Committe		2821-00 01 Pitt	· JJ d. ID Number	
Friends To Elec	t Julia Puckett			
	nclude City, State and Zip Code)	States Character and States		
1035 Laurel Creek Lane, Lewisville, NC 27023				
. Committee Website			7/24/23	
	(optional)		f. Phone Number	
Candidate Int			336-408-2384	
. Candidate Info Full Name	rmation		A DEAL OF A DEAL AND A	
Julia Ann Marie	Puckett	e. Party Affiliation		
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	f Office South	
	ek Lane, Lewisville, NC 270			
. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction	
336-408-2384	julpuc@gmail.com			
Email copy of	report notices			
3. Treasurer Information			4. Assistant Treasurer Information	
		a. Full Name		
Kevin Farmer				
	clude City, State, and Zip Code)	b. Mailing Address (inc	lude City, State and Zip Code)	
00 Westover Dr			• /	
Sanford, NC 273	30			
Phone Number	d. Email Address	c. Phone Number	d. Email Address	
	kevin.maxwell.farmer@gm			
Send report n	otices by email Yes			
Custodian of Bo	oks Information (Keeper of I	No Email copy of re Records) 6. Account Informa	port notices tion (incl. CRO-3500)	
. Full Name		a. Financial Institution 1	Full Name	
		1		
Mailing Address (inc	lude City, State, and Zip Code)			
		/	Amended	
			/	
Phone Number	d. Email Address	b. Account Code	. Type	
			· · · · · · · · · · · · · · · · · · ·	
Email copy of r	eport notices			
his report is comp Kevin Farmer Printed	Name of Treasurer	ed with prohibited or other non-d Signature of Appointed Treasu	2 4.12	
certify that the info ties and responsib of the NC Gener	inties imposed upon the appoint	I, as the candidate, appoint said the treasurer and subject to the p	reasurer to personally fulfill the enalties in Article 22A of Chapter	
	Name of Candidate	Signature of Candidate	Date	
RO-2100A	X	IC State Board of Elections	Duit	