Statement of Organization - Candidate Committee

Is this statement:							
	New	\boxtimes	Amended				

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

This form must be a	accompanied by form CRO-3500. An am	ended form is requi	ired for eac	h new election y	ear.			
1. Committee Info	rmation				Legi			
a. Name of Committee			d. ID Number					
Jin	IMY HODSON FOR A	JC						
b. Mailing Address (inc	clude (ity, State and Zip Code)				e. Date Organized			
c. Committee Website ((Optional)					f. Phone Number		
2. Candidate Infor	mation		No.	In the state of th	004			
a. Full Name		e. Party Affiliation						
					P>3	F		
b. Mailing Address (inc	clude City, State, and Zip Code) Ameno	f. Office Sought			12	- 1		
	(""ieno	led		70	P. P.	DWINE		
		17		121	33	-		
c . Phone Number	d. Email Address	a Nint Floring No.		I. T. dadistina	9			
	u Dimin Audi 655	g. Next Election Yea	r	h. Jurisdiction	-	-10		
				Han.	==			
Email copy of re]		1	-			
3. Treasurer Informa. Full Name	mation	4. Assistant Trea	isurer Info	rmation	CO	1 50		
	Λ Λ	a. Full Name			9	U)		
Chlo:	e Moore							
b. Mailing Address fine	Inde City State and Zin Code)	b. Mailing Address (i	include City,	State and Zip Cod	e)	T. F.		
604 C	antry Club BEND.							
Lxn	ata NC 27292							
c. Phone Number	antry Club BCnD. -to NC 27292 d. Email Address	c. Phone Number	d. Email	Address	N.1910	3. 1		
226 745-7388	chloe hooson Ol@gnail			1441 000				
S 3 war-aut	Con Can							
Send report no	otices by email Yes No oks Information (Keeper of Records)		Email copy of report notices					
a. Full Name	oks information (Recept of Records)	6. Account Information (incl. CRO-3500) a. Financial Institution Full Name						
		11						
L Mailing Address (inc.	1 7 60 60 1 17 6 13	Wells Fango						
b. Mailing Address (inci	lude City, State, and Zip Code)		0					
c. Phone Number	d. Email Address	b. Account Code	с. Туре		1			
		mas	1	1-				
Email copy of re	eport notices	18073	1 CM	ecking				
				0				
I certify that the Co	ommittee is in compliance with all application	able provisions of A	Article 22A	of Chapter 163	of the l	NC		
General Statutes an	nd that no funds are commingled with pro	ohibited or other nor	n-disclosed	funds. I further	certify	that		
this report is comp	lete, true and correct.							
Chloc Ma	2016	broell lances	roell/1000 4/17/202			• U		
	NY OFF	gnature of Appointed Tre	easurer		Date	-		
		•			Limit			
I certify that the into	ormation above is correct, and I, as the ca	ındidate, appoint sai	id treasurer	to personally fu	Ifill the	÷		
duties and responsibi	ilities imposed upon the appointed treasur	rer and subject to the	e penalties	in Article 22A	of Chap	oter		
163 of the NC Gener	al Statutes.	2/1	10		11			
_ AMES ;	Hopen ya	nes S Hot	h	- 41	9/2	4		
Printed N	Name of Candidate	Signature of Candidate Date						