

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	
Elect Jody Clemmons			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 829 Supply, NC 28462		6/30/2022	
c. Committee Website (Optional)		f. Phone Number	
		910-231-3900	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Jody Ernest Clemmons		Non Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 829 Supply, NC 28462		Soil & Water Conservation	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-231-3900	clemmonsfarming@atmc.net	2022	
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jody Ernest Clemmons			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 829 Supply, NC 28462			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-231-3900	clemmonsfarming@atmc.net		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Self Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
			BRUNSWICK COUNTY BOARD OF ELECTIONS
<input type="checkbox"/> Email copy of report notices			

RECEIVED
 JUN 30 2022
 BRUNSWICK COUNTY
 BOARD OF ELECTIONS

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.

Jody E Clemmons
 Printed Name of Treasurer

[Signature]
 Signature of Appointed Treasurer

6/30/22
 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.

Jody E Clemmons
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

6/30/22
 Date