

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	
Committee to Elect Jeff Mount			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2744 Cedar Crest Drive Southport, NC 28461		7/6/2021	
c. Committee Website (Optional)		f. Phone Number	
		703-855-8555	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Jeffrey Mount		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2744 Cedar Crest Drive Southport, NC 28461		Town Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
703-855-8555	jeffmount77@gmail.com	2021	St. James
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jeffrey Mount			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2744 Cedar Crest Drive Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
703-855-8555	jeffmount77@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
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
			Self Funded
<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.

Jeff Mount
 Printed Name of Treasurer

[Signature]
 Signature of Appointed Treasurer

07/06/21
 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.

Jeff Mount
 Printed Name of Candidate

[Signature]
 Signature of Candidate

07/06/21
 Date