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 Veronica Carter	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
1102 Veranda Ct Leland NC 28451	7/6/19
c. Committee Website (Optional)	**f. Phone Number**
www.vacarter.org	910-409-8457

2. Candidate Information

a. Full Name	e. Party Affiliation
Veronica Annette Carter	unaff nonpartisan
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
1102 Veranda Ct Leland, NC 28451	Leland Town Council
c. Phone Number / **d. Email Address**	**g. Next Election Year** / **h. Jurisdiction**
910.409.8457 / electvacarter@gmail.com	2027 / Leland
☐ Email copy of report notices	

3. Treasurer Information

a. Full Name
Veronica A Carter
b. Mailing Address (include City, State, and Zip Code)
1102 Veranda Ct Leland, NC 28451
c. Phone Number / **d. Email Address**
910.409.8457 / electvacarter@gmail.com
Send report notices by email ☒ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name
b. Mailing Address (include City, State and Zip Code)
c. Phone Number / **d. Email Address**
☐ Email copy of report notices

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5. Custodian of Books Information (Keeper of Records)

a. Full Name
Veronica A Carter
b. Mailing Address (include City, State, and Zip Code)
1102 Veranda Ct Leland, NC 28451
c. Phone Number / **d. Email Address**
910.409.8457 / electvacarter@gmail.com
☐ Email copy of report notices

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
Truist	
campaign transactions	
b. Account Code	**c. Type**
091345	checking

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.

VERONICA A. CARTER — Printed Name of Treasurer
Veronica A Carter — Signature of Appointed Treasurer
1/12/24 — 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.

VERONICA A. CARTER — Printed Name of Candidate
Veronica A Carter — Signature of Candidate
1/12/24 — Date