

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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
Vote Tom Adams Committee	Pending
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
PO Box 1350, Norwood NC 28128	11/16/23
c. Committee Website (Optional)	f. Phone Number
www.votetomadams.com	828-776-2774

2. Candidate Information

a. Full Name	e. Party Affiliation		
Thomas Adams	Republican		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
151 Crest Rd Southern Pines, NC 28387	County Commissioner		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-638-8272		2024	Moore County Dist 4
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	e. Party Affiliation		
Jinger Kelley			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
236 Summerhouse Pt Norwood, NC 28128	County Commissioner		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-776-2774	jinkelley@yahoo.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)

a. Full Name	e. Party Affiliation		
Jinger Kelley			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
236 Summerhouse Pt Norwood, NC 28128	County Commissioner		
c. Phone Number	d. Email Address	b. Account Code	c. Type
828-776-2774	jinkelley@yahoo.com	01	Checking
<input checked="" type="checkbox"/> Email copy of report notices		RECEIVED NOV 22 2023	

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.

Jinger Kelley

Printed Name of Treasurer


Signature of Appointed Treasurer

11/16/23

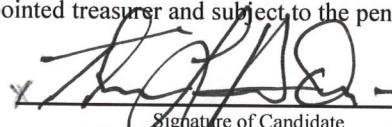
Date

MOORE BOE

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.

Thomas Adams

Printed Name of Candidate


Signature of Candidate

11/16/23

Date