

# Statement of Organization - Candidate Committee

Is this statement:	
<input 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
Committee to Elect Lewin Blue	MH4E13
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
1316 Lobelia RD Vass NC 28394	6-23-22
c. Committee Website (Optional)	f. Phone Number

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Lewin Mack Blue			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1316 Lobelia RD Vass NC 28394			
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910 2413813	Lewinbluefarm@gmail.com		
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Lewin Mack Blue			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1316 Lobelia RD Vass NC 28394			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 2413813	Lewinbluefarm@gmail.com		
Send report notices by email <input 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	
		MOORE BOE	
b. Mailing Address (include City, State, and Zip Code)		JUN 23 2022	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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.

Lewin Mack Blue                      Lewin Mack Blue                      6-23-22  
 Printed Name of Treasurer                      Signature of Appointed Treasurer                      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.

Lewin Mack Blue                      Lewin Mack Blue                      6-23-22  
 Printed Name of Candidate                      Signature of Candidate                      Date

**Statement of Organization-Candidate Committee [CRO-2100A]**

**Form Description**

All candidate committees will complete this form. In addition to the *Statement of Organization*, those committees that **do not** file under the \$1,000 threshold (committees that plan on raising or spending more than \$1,000 during the election cycle) must complete an **Organizational Disclosure Report** within 10 days of organizing the committee.

All committees must complete a **Certification of Financial Account Information** (CRO-3500) form along with the *Statement of Organization* when setting up a new committee. For those committees who pledge not to raise or spend more than \$1,000 during an election cycle, a **Certification of Threshold** (CRO-3600) form must be completed with the *Statement of Organization*. Only County and Local candidates may select this option, State candidates must file disclosure reports.

Additional assistant treasurers and bank accounts may be listed on the **Statement of Organization Addendum** (CRO-2110) form and the **Additional Committee Funds** (CRO-2120) form.

The *Statement of Organization* is also used to show any changes in committee information. The entire form must be completed and resubmitted with the new information in order for an amendment to be correctly documented. Check the "Amended" box at the top of the page if this report is an amendment.

**Line-by-Line Instructions**

**LINE 1. Committee Information**

- a. Provide the full name of the committee.
- b. Provide the committee's complete mailing address (including city, state and zip code).
- c. Provide the committee's website address. This field is optional.
- d. Provide the ID number of the committee. If this is a new committee, this field may be left blank.
- e. Provide the date that the committee was organized.
- f. Provide the telephone number (including area code) of the committee.

**LINE 2. Candidate Information**

- a. Provide the name of the candidate. This should be the (Full Legal Name) listed as it appears on the Notice of Candidacy form.
- b. Provide the mailing address of the candidate.
- c. Provide the telephone number (including area code) of the candidate.
- d. Provide the email address for the candidate. Indicate below if the candidate would like to receive an email copy of report due notices sent to the committee.
- e. Provide the party affiliation of the candidate. If the office sought is nonpartisan, then put "Nonpartisan" in this field.
- f. Provide the office the candidate is seeking.
- g. Provide the next election year for the candidate.
- h. Provide the jurisdiction (district, county or municipality) of the office the candidate is seeking, if it is not a statewide office.

**LINE 3. Treasurer Information**

- a. Provide the first and last name of the treasurer of the committee.
- b. Provide the treasurer's complete mailing address (including city, state, and zip code).
- c. Provide the telephone number (including area code) of the treasurer.
- d. Provide the email address of the treasurer. Indicate below if the treasurer would prefer to receive report due notices via email rather than US mail.

**LINE 4. Assistant Treasurer Information**

- a. Provide the first and last name of the assistant treasurer of the committee.
- b. Provide the assistant treasurer's complete mailing address (including city, state and zip code).
- c. Provide the telephone number (including area code) of the assistant treasurer.
- d. Provide the email address of the assistant treasurer. Indicate below if the assistant treasurer would like to receive an email copy of report due notices sent to the committee.

**LINE 5. Custodian of Books (Keeper of Records) Information**

- a. Provide the first and last name of the custodian of the books of the committee.
- b. Provide the custodian of books' complete mailing address (including the city, state and zip code).
- c. Provide the telephone number (including area code) of the custodian of books.
- d. Provide the email address of the custodian of books. Indicate below if the custodian of