

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 Re-elect Councilman Les Morrow			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
PO Box 506 Claremont, NC 28610	7/7/2025		
c. Committee Website (Optional)	f. Phone Number		
	828-217-0811		

2. Candidate Information

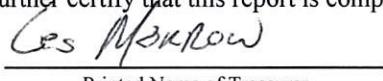
a. Full Name	e. Party Affiliation		
Leslie G. Morrow	Non-Partisan		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
PO Box 506 Claremont, NC 28610	Councilman		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-217-0811	lgmorrow@charter.net	2025	Claremont
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information		
Leslie G. Morrow	a. Full Name		
N/A			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
PO Box 506 Claremont, NC 28610			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-217-0811	lgmorrow@charter.net		
<input type="checkbox"/> 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		
N/A	N/A		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
	RECEIVED AUG 04 2025 By		
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

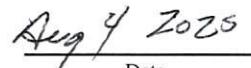
I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.



Printed Name of Treasurer

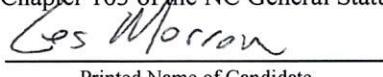


Signature of Appointed Treasurer

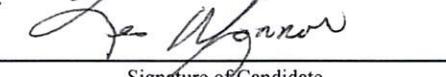


Date

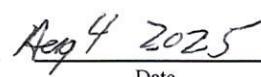
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.



Printed Name of Candidate



Signature of Candidate



Date