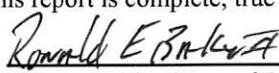
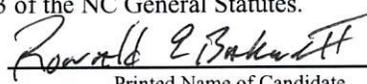


Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" 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 Geno Baker			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
920 12th St SW Hickory, NC 28601		12/04/2023	
c. Committee Website (Optional)		f. Phone Number	
		828-449-7512	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Ronald Eugene Baker II		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
920 12th St SW Hickory, NC 28601		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-449-7512	myfavoriteddemocrat@outlook.com	2024	
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Ronald Eugene Baker II			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
920 12th St SW Hickory, NC 28601			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-449-7512	myfavoriteddemocrat@outlook.com		
Send report notices by email <input 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	
		Peoples Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1	Checking
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>   </p> <p> Printed Name of Treasurer _____ Signature of Appointed Treasurer _____ Date <u>1-30-24</u> </p> <p>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.</p> <p>   </p> <p> Printed Name of Candidate _____ Signature of Candidate _____ Date <u>1-30-24</u> </p>			

