Statement of Organization - Candidate Committee

Is	this	staten	ıen	t:
X	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

	be accompanied by form CRO-3500	0. An amended form	is required f	or each new	election year.	
1. Committee In				to turbul		
a. Name of Commit				d. ID Numb	er	
	Of Conover Councilmen					
	(include City, State and Zip Code)			e. Date Organized		1
815 5TH ST NE Conover, NC 286	513			6/28/2021		
c. Committee Websi			f. Phon			
			82			
2. Candidate In	formation	12-12/19/2017				
a. Full Name		e. Party Affiliation				
James Craig Green		Non-Partisan				
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought				
815 5TH ST NE						
Conover, NC 286	513		COUNCI	LMEN		
c . Phone Number	d. Email Address	g. Next Election Year	r h.	Jurisdiction		
828-291-6490						
■ Email copy o	f report notices	2021		CON	OVER	
3. Treasurer Inf		4 Assistant Tree	euror Infari	nation	III SUSSIER SWIFE	
a. Full Name		a. Full Name	4. Assistant Treasurer Information a. Full Name			
James Craig Green		N/A				
b. Mailing Address	(include City, State, and Zip Code)	b. Mailing Address (i	b. Mailing Address (include City, State, and Zip Code)			
815 5TH ST NE						
Conover, NC 286	·					
e. Phone Number	d. Email Address	c. Phone Number	d. Email Ad	dress		
	JCG@EMBARQMAIL.COM					
	ices by email X Yes No	Email copy of				
5. Custodian of l	Books Information (Keeper of Ro	a. Financial Institution		cl. CRO-3500)	MILES THE STREET	
i, run vame	DT/A	a. Phancial Institution				
	N/A	N/A				ПГ
o. Mailing Address (include City, State, and Zip Code)	b. Purpose	b. Purpose			ן ט
		1			JUN 2	2 2
. Phone Number	d. Email Address	b. Account Code	c. Type		JUN 4	UL
					- Charles	
☐ Email copy	of report notices	7			Ву	
I certify that the the NC General	Committee is in compliance with Statutes and that no funds are compat this report is complete, true and	mingled with prohib			hapter 163 of	
James (C. GROEN	ignature of Appointed Tre	easurer	6-5	18 · 2021 Date	
	information above is correct, and I, ponsibilities imposed upon the app					
	the NC General Statutes.	(C)				
JAMES	C. (Reen)			6.28	1-2021	
Printed N	lame of Candidate	Signature of Candidat	te		Date	

CRO-2100A

NC State Board of Elections

November 2019



Certification of Threshold

This Certification is used to delcare or whithdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Jim Green City Of Conover Councilmen

Treasurer Name: James Craig Green

Treasurer Address: 815 5TH ST NE

(include city, state, & zip) Conover, NC 28613

Treasurer Phone: 828-291-6490

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DISCLAIMER CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously from the beginning of the current election cycle. I further agreee to file all future reports required.

Date Signed

Signature



Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name:	James Craig Green				
Committee Name:	Jim Green City Of Conover Councilmen				
Treasurer Name:	James Craig Green				
If Candidate is own trea	surer, designate an agent to	carry out designation Teresa Sharp			
Committee ID#:					
Level Registered:	[State] [County] If county, spe	ecify: Catawba			
I, James Cra		lirect that in the event of my death or incapacity all			
debts or reasonable ex		ount(s) (after payment of permitted outstanding committee or closing office) be paid in the 63-278.16B(a).			
	e of Entity om §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)			
1. Catawba County Animal Services		100%			
2					
3		-			
		ities are eligible beneficiaries under N.C. hould be maintained with the Committee			