

# 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   |                  |
| Elect Sherry Sigmon   |                           |  |                  |
| b. Mailing Address (include City, State and Zip Code)   |                           | e. Date Organized  |                  |
| 105 West 'K' St<br>Newton, NC 28658   |                           | 7/13/2021  |                  |
| c. Committee Website (Optional)   |                           | f. Phone Number  |                  |
|   |                           | 828-302-2107   |                  |
| 2. Candidate Information  |                           |  |                  |
| a. Full Name  |                           | e. Party Affiliation   |                  |
| Sherry Pressley Sigmon  |                           | Non-Partisan   |                  |
| b. Mailing Address (include City, State, and Zip Code)  |                           | f. Office Sought   |                  |
| 105 West 'K' St<br>Newton, NC 28658   |                           | Council  |                  |
| c. Phone Number   | d. Email Address          | g. Next Election Year  | h. Jurisdiction  |
| 828-302-2107  | stonypinter7@gmail.com    | 2021   | Newton           |
| <input type="checkbox"/> Email copy of report notices   |                           |  |                  |
| 3. Treasurer Information  |                           | 4. Assistant Treasurer Information                             |                  |
| a. Full Name  |                           | a. Full Name   |                  |
| Eric Wright   |                           | N/A  |                  |
| b. Mailing Address (include City, State, and Zip Code)  |                           | b. Mailing Address (include City, State, and Zip Code)         |                  |
| 1657 Farmington Hills Drive<br>Conover, NC 28613  |                           |  |                  |
| c. Phone Number   | d. Email Address          | c. Phone Number  | d. Email Address |
| 828-464-8001  | Ericwright@trans-tech.net |  |                  |
| 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   |                           | First Citizens Bank  |                  |
| b. Mailing Address (include City, State, and Zip Code)  |                           | b. Purpose   |                  |
|   |                           | Campaign Account   |                  |
| c. Phone Number   | d. Email Address          | b. Account Code  | c. Type          |
|   |                           | NCC1   | 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><u>Eric Wright</u><br/>Printed Name of Treasurer</p>   |                           | <p><u>[Signature]</u><br/>Signature of Appointed Treasurer</p> |                  |
|   |                           | <p><u>07/13/2021</u><br/>Date</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><u>SHERRY SIGMON</u><br/>Printed Name of Candidate</p>   |                           | <p><u>[Signature]</u><br/>Signature of Candidate</p>           |                  |
|   |                           | <p><u>07/13/2021</u><br/>Date</p>                              |                  |

