

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	
Clayton Mullis for School Board			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1386 Henry River Rd Hickory NC 28602		7/1/2022	
c. Committee Website (Optional)		f. Phone Number	
		828-381-8383	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Clayton Clifton Mullis		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1386 Henry River Rd Hickory NC 28602		Catawba County School	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-381-8383	claytonmullis4@gmail.com	2022	Catawba
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Clayton Clifton Mullis		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1386 Henry River Rd Hickory NC 28602			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-381-8383	claytonmullis4@gmail.com		
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 Citizen	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		CCM	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>Clayton C. Mullis</u> Printed Name of Treasurer</p>		<p><u>[Signature]</u> Signature of Appointed Treasurer</p>	<p><u>10-31-22</u> 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>Clayton C. Mullis</u> Printed Name of Candidate</p>		<p><u>[Signature]</u> Signature of Candidate</p>	<p><u>10-31-22</u> Date</p>

