Statement of Organization - Candidate Committee

Is	this st	atem	ent:
V	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.

	companied by form cited 3300.7 in amon	404 101111 15 104 411 04					
1. Committee Inform	mation						
a. Name of Committee	d. ID Number						
Justin for JoCo	Z64548						
2	ude City, State and Zip Code)			e. Date Organized			
56 Peach Blossom			12.13.2019				
c. Committee Website (C			f. Phone Number				
www.justinforjoco.			(919) 502-0960				
2. Candidate Inforn	nation			STON			
a. Full Name	e. Party Affiliation		SHAP COLL				
Justin David King		Democrat		7			
	ude City, State, and Zip Code)	f. Office Sought		DEC 1 6 2019			
56 Peach Blossom Ct. Clayton, NC 27527		County Commissioner		OF THE REST			
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction Elasion			
`	justin@justinforjoco.com			Johnston County			
☐ Email copy of report notices							
3. Treasurer Inforn a. Full Name	nation	4. Assistant Treasurer Information a. Full Name					
Lynn Sutton King	n/a						
	ude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)					
4236 Suttontown Rd. Faison, NC 28341		n/a					
c. Phone Number	d. Email Address	c. Phone Number	d. Email A	Address			
(910) 988-5167	justin@justinforjoco.com	n/a	n/a				
Send report no	☐ Email copy of report notices						
	ks Information (Keeper of Records)	6. Account Information (incl. CRO-3500)					
a. Full Name	a. Financial Institution Full Name						
Lynn Sutton King	First Citizens Bank						
b. Mailing Address (include City, State, and Zip Code)							
4236 Suttontown F Faison, NC 28341							
c. Phone Number	d. Email Address	b. Account Code	c. Type				
(910) 988-5167	justin@justinforjoco.com						
✓ Email copy of re		1 1	Can	rpaicn			
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.							
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.							
Quistin David King (Lington D. Fix 12-13-19							
Printed Name of Candidate Signature of Candidate Date							