

-10 days-

Amendment
 Yes No

RECEIVED

JUN 12 2018

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Beaufort County Board of Elections

1. Committee Information			
a. Full Name <i>Philipps for Soil and Water</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>266 Paul St. Chocowinity, NC 27817</i>		d. Date Organized <i>6-12-18</i>	
		e. Phone Number <i>252-916-9491</i>	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>Adam Joseph Philipps</i>		e. Candidate ID Number	f. Party Affiliation <i>non-partisan</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>266 Paul St. Chocowinity, NC 27817</i>		g. Office Sought <i>Soil and Water</i>	
c. Phone Number <i>252-916-9491</i>	d. Email Address <i>adamphilipps@gmail.com</i>	h. Next Election Year <i>2022</i>	i. Jurisdiction <i>Beaufort County, NC</i>
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Adam Joseph Philipps</i>		a. Full Name <i>Adam Joseph Philipps</i>	
b. Mailing Address (include City, State, and Zip Code) <i>266 Paul St. Chocowinity, NC 27817</i>		b. Mailing Address (include City, State, and Zip Code) <i>266 Paul St. Chocowinity, NC 27817</i>	
c. Phone Number <i>252-916-9491</i>	d. Email Address <i>adamphilipps@gmail.com</i>	c. Phone Number <i>252-916-9491</i>	d. Email Address <i>adamphilipps@gmail.com</i>
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	
		<i>N/A</i>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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>Adam Joseph Philipps</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer	<i>6-12-18</i> Date