## Statement of Organization - Candidate Committee

Is this sta	atement:
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.

This form must be accompanied by form CRO-3300. An amer					
1. Committee Information					
a. Name of Committee	d. ID Number				
Committee to clect John :					
b. Mailing Address (include City, State and Zip Code)	e. Date Organized				
203 Ashleyty Chocowinity, NC 27817			12/4/19		
c. Committee Website (Optional)			f. Phone Number		
			252-402-7617		
2. Candidate Information					
a. Full Name	e. Party Affiliation	AND DESCRIPTION OF THE PARTY OF			
John Charles Kebbolz	Republican				
b. Mailing Address (include City, State, and Zip Code)	Republican f. Office Sought				
203 Ashley Ln Chocowinity NC 27819 c. Phone Number d. Email Address	County Commissioner				
Ch 800 WINI 19, 10 0 2/811					
c. Phone Number d. Email Address	g. Next Election Year		h. Jurisdiction		
252-402-7617 Srebholz@Suddenlinkenet	2020		NA		
Email copy of report notices					
3. Treasurer Information	4. Assistant Treasurer Information				
a, Full Name	a. Full Name	- Mary of Account			
Ken Mac Millian					
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
112 Santee Dr. Chocowinity NC					
c. Phone Number d. Email Address	c. Phone Number d. Email Address				
252-946.8916 Kenmac2@ suddenlink.net					
Send report notices by email Yes No	☐ 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				
Ken Mac M. // ian b. Mailing Address (include City, State, and Zip Code)	Grescom Bank				
h Mailing Address (include City State and Zin Code)					
112 Santee Dr.	2999 US HWY 175				
Chocowinity NC 27817	Chocowinity, NC 27817 b. Account Code c. Type				
Chocowinity, NC 27817 c. Phone Number d. Email Address	b. Account Code c. Type				
252.946-8916 Ken Mac 2@ Sudden link, net	TD 1				
Email copy of report notices	N K L	Chec	king		
I certify that the Committee is in compliance with all applications General Statutes and that no funds are commingled with pro					
this report is complete, true and correct.					
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NEN MACHINAN TO CONTRACT TO THE TOTAL TO THE TOTAL TOT					
Printed Name of Treasurer Signature of Appointed Treasurer Date					
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.					
John C. Repho te from Cheft h 12/5/19					
Printed Name of Candidate Signature of Candidate RECEIVE Date					
	J	THE RESERVE OF THE PARTY OF THE			

CRO-2100A

NC State Board of Elections

November 2019

DEC 0 9 2019