

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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
Friends of Chris Smith	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
2415 Ivy Knoll Dr, Mebane, NC 27302	12-04-2023
c. Committee Website (Optional)	f. Phone Number
	336-395-4417

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Christopher Cameron Smith		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2415 Ivy Knoll Dr Mebane, NC 27302		Alamance County Board of Commissioners	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-395-4417	chris@chris-smith-nc.org	2024	
<input checked="" type="checkbox"/> Email copy of report notices			

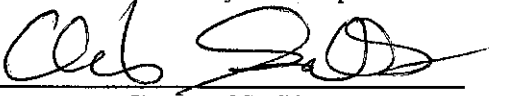
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Christopher Smith			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2415 Ivy Knoll Dr Mebane, NC 27302			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-395-4417	chris@chris-smith-nc.org		
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	
Christopher Smith			
b. Mailing Address (include City, State, and Zip Code)			
2415 Ivy Knoll Dr Mebane, NC 27302			
c. Phone Number	d. Email Address	b. Account Code	c. Type
336-395-4417	chris@chris-smith-nc.org		
<input type="checkbox"/> Email copy of report notices			

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.

Christopher Smith  12-08-2023
 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.

Christopher Smith  12-08-2023
 Printed Name of Candidate Signature of Candidate Date