

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" 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	
Campaign to Elect Aminah Thompson			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
Po Box 20024C		10/7/2021	
c. Committee Website (Optional)		f. Phone Number	
Thompson4justice.com		919-590-5977	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Aminah M. Thompson		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
Po Box 20024C		District Court Judge	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-590-5977	Thompson4justice@gmail.com	2022	Durham
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Aminah M. Thompson		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="font-weight: bold; font-size: 1.1em;">OCT 14 2021</div> <div style="font-weight: bold; font-size: 1.1em;">STATE BOARD OF ELECTIONS</div>	
b. Mailing Address (include City, State, and Zip Code)			
Po Box 20024C			
c. Phone Number	d. Email Address	c. Phone Number	
919-590-5977	Thompson4justice@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	
		Mechanics & Farmers	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		7	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>Aminah M. Thompson _____ 10/12/2021</p> <p style="text-align: center;">Printed Name of Treasurer Signature of Appointed Treasurer 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>Aminah M. Thompson _____ 10/12/2021</p> <p style="text-align: center;">Printed Name of Candidate Signature of Candidate Date</p>			