

# Statement of Organization - Candidate Committee

<b>Is this statement:</b>	
<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
MORGAN FOR MAYOR	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
28 KILBRIDE DRIVE, PINEHURST, NC 28374	03/16/2023
c. Committee Website (Optional)	f. Phone Number
	910-295-6628

2. Candidate Information			
a. Full Name		e. Party Affiliation	
JEFFREY SCOTT MORGAN		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
28 KILBRIDE DRIVE PINEHURST, NC 28374		MAYOR, VILLAGE OF PINEHURST	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
865-368-4865	JeffMorganPinehurst@gmail.com	2023	
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
N. CAROL WHEELDON			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
50 LAKE FOREST DR, SW PINEHURST, NC 28374			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-295-6628	cwheeldo2@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	
N. CAROL WHEELDON		FIRST BANK	
b. Mailing Address (include City, State, and Zip Code)			
50 LAKE FOREST DR, SW PINEHURST, NC 28374			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910-295-6628	cwheeldo2@gmail.com	1A	CHECKING
<input checked="" 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.

RECEIVED
  
 N. CAROL WHEELDON 03/16/2023  
 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.

MOORE BOE
  
 JEFFREY SCOTT MORGAN 03/16/2023  
 Printed Name of Candidate Signature of Candidate Date