

# Statement of Organization - Candidate Committee

Is this statement:  
 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.

## 1. Committee Information

a. Name of Committee	d. ID Number
JEREMY HOOPER FOR PINEHURST COUNCIL	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
PO BOX 5187, PINEHURST .COM	7/18/25
c. Committee Website (Optional)	f. Phone Number
WWW.HOOPERFORPINEHURST.COM	910-603-1901

## 2. Candidate Information

a. Full Name	e. Party Affiliation		
JEREMY HOOPER	REPUBLICAN		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
5 MCDONALD RD W, PINEHURST NC 28374	PINEHURST VILLAGE COUNCIL		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
1901 910-603-1901	jeremy.hooper@gmail.com	2025	
<input checked="" type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)	4. Assistant Treasurer Information	
BECKY MANNING	40 Beddington Lane Carthage, NC 28327	a. Full Name	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
2406919527	manningbecky3@gmail.com		
<input checked="" type="checkbox"/> 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)

a. Full Name	b. Account Information (incl. CRO-3500)		
	a. Financial Institution Full Name		
	WELLS FARGO		
b. Mailing Address (include City, State, and Zip Code)	RECEIVED		
c. Phone Number	d. Email Address	b. Account Code	c. Type
			SEP 23 2025
<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.



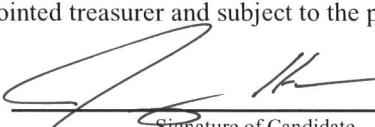
Printed Name of Treasurer

Signature of Appointed Treasurer

8/30/25

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.

  
Printed Name of Candidate

Signature of Candidate

8/29/25

Date