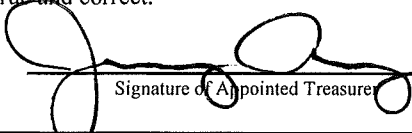


Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Arey for District 2		_____	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
4384 Enchantment Cove Lane Charlotte, NC 28216		7/22/19	
		e. Phone Number	
		704.652.1140	
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Jeremy Arey		_____	Dem <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
4384 Enchantment Cove Lane Charlotte, NC 28216		Charlotte City Council #2	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
704.652.1140	jeremyarey@gmail.com	2019	City of Charlotte Council Dist. #2
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Jeremy Arey			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4384 Enchantment Cove Lane Charlotte, NC 28216			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704.652.1140	jeremyarey@gmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	b. Purpose
		Bank of America Mecklenburg County	campaign
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
Mecklenburg County JUL 19 2019		704	Board of Elections checking
c. Phone Number	d. Type		
	Board of Elections		
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.			
Jeremy Arey <small>Printed Name of Signer</small>		 <small>Signature of Appointed Treasurer</small>	7/22/19 <small>Date</small>



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Arey for District 2
Treasurer Name: Jeremy Arey
Treasurer Address: 4384 Enchantment Cove Lane
(include city, state, & zip) Charlotte, NC 28216

Treasurer Phone: 704.652.1140

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7/29/19

Date Signed

[Signature]
Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name:

Jeremy Arey

Treasurer Name:

Jeremy Arey

Treasurer Address:

4384 Enchantment Cave Lane

(include city, state, & zip)

Charlotte, NC 28216

Treasurer Phone:

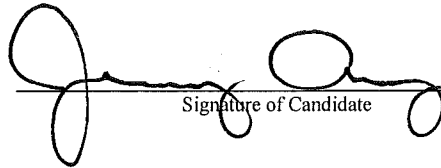
704.652.1140

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

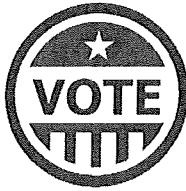
I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/22/19

Date Signed



Signature of Candidate



NORTH CAROLINA STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Jeremy Arey

Committee Name: Arey for District 2

Treasurer Name: Jeremy Arey

If Candidate is own treasurer, designate an agent to carry out designations: Kayla Koch

Committee ID #: _____

Level Registered: [State] County If county, specify: Mecklenburg

I, Jeremy Arey, hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>North Carolina Democratic Party</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [Signature]

Date: 7/20/19