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.

RECEIVED
MAR 26 2021
STATE BOARD OF ELECTIONS

1. Committee Information

a. Name of Committee	d. ID Number
CHIEF JUSTICE BEASLEY COMMITTEE	STA-C2655N-C-004
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
434 FAYETTEVILLE ST STE 2020, RALEIGH, NC 27601	2/25/2019
c. Committee Website (Optional)	**f. Phone Number**
	919-829-1132

2. Candidate Information

a. Full Name	e. Party Affiliation
CHERI BEASLEY	DEMOCRATIC
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
434 FAYETTEVILLE ST STE 2020, RALEIGH, NC 27601	

c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-829-1132		2022	STATEWIDE

☐ Email copy of report notices

3. Treasurer Information

a. Full Name	
SCOTT FALMLEN	
b. Mailing Address (include City, State, and Zip Code)	
434 FAYETTEVILLE ST STE 2020, RALEIGH, NC 27601	
c. Phone Number	**d. Email Address**
919-829-1132	sfalmlen@nexusstrategies.com

Send report notices by email ☑ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
JONATHAN COBY	
b. Mailing Address (include City, State and Zip Code)	
434 FAYETTEVILLE ST STE 2020, RALEIGH, NC 27601	
c. Phone Number	**d. Email Address**
919-829-1132	jcoby@nexusstrategies.com

☑ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
SEE TREASURER	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

☐ Email copy of report notices

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
BB&T/TRUIST	
b. Account Code	**c. Type**
1	Checking

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.

SCOTT R. FALMLEN		3-24-2021
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.

Printed Name of Candidate	Signature of Candidate	Date

SC 3-30-21 cmk