

# Statement of Organization - Candidate Committee

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT JANE SMITH			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1234 MAIN STREET FUN TOWN, NORTH CAROLINA 00000		1/1/2013	
		e. Phone Number	
		919-555-5555	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
JANE ELIZABETH SMITH			NON-PARTICAN <small>(Indicate Non-partican if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
POST OFFICE BOX 1 FUN TOWN, NORTH CAROLINA 00001		MAYOR	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-555-5551	JANESMITH@EMAIL.COM	2013	FUN TOWN
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
JASON SUNSHINE		JASON SUNSHINE	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
POST OFFICE BOX 2 FUN TOWN, NORTH CAROLINA 00001		POST OFFICE BOX 2 FUN TOWN, NORTH CAROLINA 00001	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-555-5555	JASONSUNSHINE@EMAIL.COM	919-555-5555	JASONSUNSHINE@EMAIL.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 <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	
TERRY SUNFLOWER		GOOD BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
POST OFFICE BOX 3 FUN TOWN, NORTH CAROLINA 0001		CHECKING ACCOUNT FOR COMMITTEE	
c. Phone Number	d. Email Address	c. Account Code	d. Type
919-555-5552	TERRYSUN@EMAIL.COM	1	CHECKING
<input checked="" 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.			
JASON SUNSHINE Printed Name of Signer		SIGNATURE Signature of Appointed Treasurer	1/6/2013 Date