

Statement of Organization - Party Committee

| | |
|------------------------------|-----------------------------|
| Amendment | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

| 1. Committee Information | | | |
|--|------------------|--|------------------|
| a. Full Name | | c. ID Number | |
| | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| | | | |
| | | e. Phone Number | |
| | | | |
| 2. Party Information | | | |
| a. Type | | b. Party Name | |
| <input type="checkbox"/> National <input type="checkbox"/> Affiliated (Caucus) <input type="checkbox"/> State <input type="checkbox"/> Subordinate | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| | | | |
| I prefer to receive notices by email <input 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. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| | | | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type |
| | | | |
| <input type="checkbox"/> Email copy of notices | | | |
| CERTIFICATION | | | |
| <p>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.</p> | | | |
| _____ | | _____ | _____ |
| Printed Name of Signer | | Signature of Appointed Treasurer | Date |