

# 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

## 1. Committee Information

a. Full Name <b>ROBERT B. ANGLE</b>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>651 SALTER PATH RD. # 40 PINE KNOLL SHORES, N.C. 28512</b>		d. Date Organized <b>7/13/07</b>
		e. Phone Number <b>(252) 222-4620</b>

## 2. Candidate Information

Candidate's Primary Committee

a. Full Name <b>ROBERT B. ANGLE</b>	c. Candidate ID Number	d. Party Affiliation <b>REPUBLICAN</b>
b. Mailing Address (include City, State, and Zip Code) <b>651 SALTER PATH RD. # 40 PINE KNOLL SHORES, N.C. 28512</b>	e. Office Sought <b>BOARD OF COMM.</b>	f. Jurisdiction <b>PKS.</b>
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

## 3. Treasurer Information

a. Full Name <b>ROBERT B. ANGLE</b>	
b. Mailing Address (include City, State, and Zip Code) <b>651 SALTER PATH RD. # 40 PINE KNOLL SHORES, N.C. 28512</b>	
c. Phone Number <b>(252) 222-4620</b>	d. Email Address <b>bobangle@starfishnet.com</b>

## 4. Custodian of Books Information

a. Full Name <b>ROBERT B. ANGLE</b>	
b. Mailing Address (include City, State, and Zip Code) <b>651 SALTER PATH RD. # 40, PINE KNOLL SHORES, N.C. 28512</b>	
c. Phone Number <b>(252) 222-4620</b>	d. Email Address <b>bobangle@starfishnet.com</b>

## 5. Assistant Treasurer Information

a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address	

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

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose	
c. Account Code	d. Type

## CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

**ROBERT B. ANGLE**  
Printed Name of Signer

*Robert B. Angle*  
Signature of Appointed Treasurer

**7/13/07**  
Date