

Statement of Organization - Candidate Committee

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).

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

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|--------------------------------------------------------|----------------------|--|
| 1. Committee Information | | | | | |
| a. Full Name | | | c. ID Number | | |
| Franklin M. BLUNT | | | 6 DR7U8 | | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Organized | | |
| 2517E. Forest Dr Newport, NC 28570 | | | 07-15-11 | | |
| | | | e. Phone Number | | |
| | | | 223-5025 | | |
| 2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee | | | | | |
| a. Full Name | | e. Candidate ID Number | | f. Party Affiliation | |
| Franklin M. BLUNT | | | | NP | |
| (Indicate Non-partisan if applicable) | | | | | |
| b. Mailing Address (include City, State, and Zip Code) | | | g. Office Sought | | |
| 2517E. Forest Dr Newport, NC 28570 | | | Councilman, Newport | | |
| c. Phone Number | d. Email Address | | h. Next Election Year | i. Jurisdiction | |
| | | | | NWPT | |
| <input type="checkbox"/> Email copy of notices | | | | | |
| 3. Treasurer Information | | | 4. Custodian of Books Information | | |
| a. Full Name | | | a. Full Name | | |
| Franklin M. BLUNT | | | | | |
| b. Mailing Address (include City, State, and Zip Code) | | | b. Mailing Address (include City, State, and Zip Code) | | |
| 2517 E. Forest Dr Newport, NC 28570 | | | | | |
| c. Phone Number | d. Email Address | | c. Phone Number | d. Email Address | |
| | | | | | |
| 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 (incl. CRO-3500) | | |
| a. Full Name | | | a. Financial Institution Full Name | | |
| | | | N/A | | |
| 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 | | | | | |
| 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. | | | | | |
| Franklin M. BLUNT | | Franklin M. BLUNT | | 7/15/11 | |
| Printed Name of Signer | | Signature of Appointed Treasurer | | Date | |