

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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Robert Bonner Campbell		9DRUZJ	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
97 Circle Drive Beaufort, NC 28516		07/14/2011	
		e. Phone Number	
		252-728-3334	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Robert Bonner Campbell			non partisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
97 Circle Drive Beaufort, NC 28516		Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
728-3334	Campbellrb@hotmail.com		Bert
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Robert Bonner Campbell			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
97 Circle Drive Beaufort, NC 28516			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
728-3334	Campbellrb@hotmail.com		
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 (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
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.			
Robert Campbell		Robert Campbell	
Printed Name of Signer		Signature of Appointed Treasurer	
		07/14/2011	
		Date	