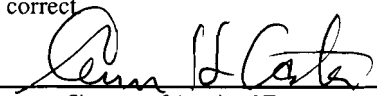


Statement of Organization - Candidate Committee

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		c. ID Number	
Carter For Commissioner			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1113 Front St. Beaufort, N.C. 28516			
		e. Phone Number	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Ann H. Carter			
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
1113 Front St. Beaufort, N.C. 28516			
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Sandra C. Flynn			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
329 Troon Way Beaufort, NC 28516			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-269-0356			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		<input type="checkbox"/> Add	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove	<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		a. Financial Institution Full Name	
		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
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.			
Ann H. Carter		7/17/09	
Printed Name of Signer	Signature of Appointed Treasurer	Date	