

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.

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

1. Committee Information					
a. Full Name			c. ID Number		
A.B. "Trace" Cooper III Campaign					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
614 E. Fort Mason Rd. Atlantic Beach, NC 28512					
			e. Phone Number		
			252-222-0032		
2. Candidate Information				<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
Afred Braswell Cooper III				Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
614 E. Fort Mason Rd Atlantic Beach, NC 28512		Mayor		Atlantic Beach	
(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		
A.B. Cooper III			SAMC		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
614 E. Fort Mason Rd Atlantic Beach, NC 28512					
c. Phone Number		d. Email Address		c. Phone Number	
252-222-0032		fc@CooperIII.com			
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		Add <input type="checkbox"/>
N/A			VACHAVA Bank		Remove <input type="checkbox"/>
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number		d. Email Address		c. Account Code	
				d. Type	
				Checkings	
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.					
A.B. Cooper III		[Signature]		7/7/2011	
Printed Name of Signer		Signature of Appointed Treasurer		Date	