

# 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	
CLARKSON S. EDWARDS			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
106 CAROB CT. PINE KNOLL SHORES, NC, 28512			
		e. Phone Number	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
CLARKSON S. EDWARDS			NON PARTISAN
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
106 CAROB CT. PINEKNOLL SHORES, NC. 28512		BD OF COMMISSIONERS	
		(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	
CLARKSON S. EDWARDS			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
106 CAROB CT. 28512 PINE KNOLL SHORES, NC			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
726-7429			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	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.			
CLARKSON S. EDWARDS		Clarkson S. Edwards	
Printed Name of Signer		Signature of Appointed Treasurer	
		7-16-07	
		Date	