

Statement of Organization - Candidate Committee

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 Citizens to Elect Holt Faircloth	c. ID Number
b. Mailing Address (include City, State and Zip Code) 4917 Holly Ln Morehead City, NC 28557	d. Date Organized September 2004
	e. Phone Number 252-504-2000

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name William Holt Faircloth, Jr	c. Candidate ID Number	d. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 1526 Morehead City, NC 28557	e. Office Sought Commissioner	f. Jurisdiction Carteret	
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>			

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Linwood E Wade	d. Email Address lewade32@aol.co	a. Full Name Linwood E Wade	d. Email Address lewade32@aol.co
b. Mailing Address (include City, State, and Zip Code) 4917 Holly Ln Morehead City, NC 28557	c. Phone Number 252-222-0148	b. Mailing Address (include City, State, and Zip Code) 4917 Holly Ln Morehead City, NC 28557	c. Phone Number 252-222-0148

5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name First Citizens Bank	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Receive & Disburse Campaign Funds	
c. Phone Number	d. Email Address	c. Account Code Holt04	d. Type Checking

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.

Linwood E Wade
 Printed Name of Signer


 Signature of Appointed Treasurer

4/11/2011
 Date