

Statement of Organization - Candidate Committee

Amendment
<input 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	c. ID Number
Comm. HEE TO Elect DAVE Fowler	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
212 Starhill DR. CAPE CARTERET NC 28584	
	e. Phone Number

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name	c. Candidate ID Number	d. Party Affiliation
DAVE Fowler		
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
(SAME)		
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>		

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Steve MALAY	212 STARHILL DR. CAPE CARTERET NC 28584	Steve MALAY	212 STARHILL DR. CAPE CARTERET NC 28584
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252 393-7747	dfowler7@ec.re.com		

5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	6. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name	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.

DAVID M. Fowler David M. Maluh 7/19/011
 Printed Name of Signer Signature of Appointed Treasurer Date