

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		
Comm. to reelect June Fulcher					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
P.O. Box 184 Atlantic NC. 28511			02-09-10		
			e. Phone Number		
			252 225-5511		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
June Fulcher					
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
Same		Board of Education		6	
(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		
Same					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
Same					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
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			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 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.					
June Fulcher		June Fulcher		02-09-10	
Printed Name of Signer		Signature of Appointed Treasurer		Date	