

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	
GARRITY-BLAKE CAMPAIGN		5DR46	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. BOX 3565 MOREHEAD CITY NC 28557		2-11-10	
		e. Phone Number	
		(252) 342-5442	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
BARBARA GARRITY-BLAKE			DEMOCRAT
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
P O BOX 91 Gloucester NC 28528		STATE SENATE DIST 2	2
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
GAIL CANNON		GAIL CANNON	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO BOX 231 MARSHALLBERG NC 28553		PO BOX 231 MARSHALLBERG NC 28553	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(252) 241-6533		(252) 241-6533	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		WACHOVIA	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CHECKING	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		BGB	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.			
Gail W. Cannon		Gail W. Cannon	
Printed Name of Signer		Signature of Appointed Treasurer	
		2/26/10	
		Date	