

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		
John E Hagle for Beaufort Commissioner					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
1111 Hammock Lane Beaufort, NC 28516			7/5/11		
			e. Phone Number		
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
John Hagle				NP	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
1111 Hammock Lane Beaufort, NC 28516		Beaufort Commissioner		BERT	
(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		
John Hagle			John Hagle		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
1111 Hammock Lane Beaufort, NC 28516			Same		
c. Phone Number		d. Email Address		c. Phone Number	
504-3494		Haglejp@AEL.com			
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
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.					
John E Hagle		John E Hagle		5 July 2011	
Printed Name of Signer		Signature of Appointed Treasurer		Date	