

# 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 (when amending, only re-submit if applicable).

<b>1. Committee Information</b>					
a. Full Name			c. ID Number		
Ron Harkless			MDRDTE		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
562 Neptune Dr. Cape Carteret, N.C. 28584			7/14/11		
			e. Phone Number		
			252-393-3689		
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Ron Harkless				NP	
				(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
562 Neptune Dr. Cape Carteret, N.C. 28584			Mayor		
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
252-393-3689	harkless@embury.com			CCAR	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Ron Harkless					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
562 Neptune Dr. Cape Carteret, N.C. 28584					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
252 393-3689	harkless@embury.com				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			N/A		<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		
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
Ron Harkless				7/14/11	
Printed Name of Signer		Signature of Appointed Treasurer		Date	