

# 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	
Douglas Wade Harris			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 3006 Atlantic Beach, NC 28512		2/11/08	
		e. Phone Number	
		252-240-1272	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Douglas Wade Harris			R
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
P.O. Box 3006 Atlantic Beach, NC 28512		County Commissioner	4
		<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	
Allen D. Aldridge			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P.O. Box 246 Salter Path, NC 28575			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252 240-1425	adastr@yahoo.com		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Candidate/Committee	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		A	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.			
ALLEN D. ALDRIDGE		2/20/08	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	