

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	
Nita Gardner Hedreen		EDR 261	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
8709 Plantation Dr, B202 Emerald Isle NC 28594		6 July 09	
		e. Phone Number	
		252 354 3273	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Nita Gardner Hedreen			NON-Partisan
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
Same		Commissioner	Emerald Isle
(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	
Nita Gardner Hedreen		Nita Gardner Hedreen	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same		Same	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-354 3273	nhedreen@coastalemail.com	Same	Same
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
		N/A	
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
c. Phone Number	d. Email Address		
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.			
Nita Gardner Hedreen		Nita Gardner Hedreen	6 July 09
Printed Name of Signer		Signature of Appointed Treasurer	Date