

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	
Michael Anthony Hodges			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
408 Wild Cherry Lane Emerald Isle, North Carolina 28594		2-8-10	
		e. Phone Number	
		252 354 2676	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Michael Anthony Hodges			
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
408 Wild Cherry Lane Emerald Isle, North Carolina 28594		Broad of Education <i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	District 1
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Michael Anthony Hodges		Michael Anthony Hodges	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
408 Wild Cherry Lane Emerald Isle, N.C. 28594		408 Wild Cherry Lane Emerald Isle NC 28594	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252 354 2676	mhodges1@ecrr.com	252 354 2676	mhodges1@ecrr.com
5. Assistant Treasurer Information		6. Account Information <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		MAH	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.			
Michael A. Hodges		Michael A. Hodges	2-8-10
Printed Name of Signer		Signature of Appointed Treasurer	Date