

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	
MARIANNA B. HOLLINSHED			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. BOX 269 BEAUFORT, NC 28516		7-10-07	
		e. Phone Number	
		252 504 3179	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
MARIANNA B. Hollinshead			
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
P.O. Box 269 BEAUFORT, NC 28516		NON PARTISAN TOWN COMMISSIONER BEAUFORT	
		<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	
Sarah W. Safrit		Sarah W. Safrit	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 388 Beaufort, NC 28516		PO Box 388 Beaufort, NC 28516	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-728-3213	leonards@mail.clis.com	252-728-3213	leonards@mail.clis.com
5. Assistant Treasurer Information		6. Account Information <i>(incl. CRO-3500)</i>	
a. Full Name		a. Financial Institution Full Name	
- na -			
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 is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
Sarah W. Safrit		Sarah W. Safrit	
Printed Name of Signer		Signature of Appointed Treasurer	
		7-10-07	
		Date	