

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		
COMMITTEE TO RE-ELECT MARIANNA HOLLINSHED			9DRKN 7		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
P.O. BOX 269 BEAUFORT, NC 28516			7/6/2011		
			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 HOLLINSHED		9DRKN 7		NONPARTISAN	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
P.O. BOX 269 BEAUFORT, NC 28516		TOWN COMMISSIONER		BFT	
(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		
MARIANNA HOLLINSHED			MARIANNA HOLLINSHED		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
P.O. BOX 269 BEAUFORT, NC 28516			P.O. BOX 269 BEAUFORT, NC 28516		
c. Phone Number		d. Email Address		c. Phone Number	
5043179		mhollinshed@cc.nc.com		504-3179 mhollinshed@cc.nc.com	
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number		d. Email Address		c. Account Code	
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.					
MARIANNA HOLLINSHED		Marianna Hollinshed		July 6, 2011	
Printed Name of Signer		Signature of Appointed Treasurer		Date	