

# Statement of Organization - Candidate Committee

Amendment
<input checked="" 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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Re-Elect Marianna Hollinshed		9DRKN7	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 269 Beaufort, NC 28516		7/6/2011	
		e. Phone Number	
		252-241-9645	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Marianna B. Hollinshed		9DRKN7	NP <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
PO Box 269 Beaufort, NC 28516		town commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
252-241-9645	mhollinshed@cc.rr.com	2011	Beaufort
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Sarah Wood Safrit		Sarah Wood 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		P.O. Box 388 Beaufort, NC 28516	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-728-3213	Sarahjo@centurylink.net	252-728-3213	Sarahjo@centurylink.net
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
-		Branch Bank & Trust	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign expenses	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		A	Community account checking
<input type="checkbox"/> Email copy of notices			
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.			
Sarah Wood Safrit		Sarah Wood Safrit	
Printed Name of Signer		Signature of Appointed Treasurer	
		7/12/2011	
		Date	