

# Statement of Organization - Candidate Committee

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.

|                              |                             |
|------------------------------|-----------------------------|
| Amendment                    |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| 1. Committee Information                              |                   |
|---|-------------------|
| a. Full Name  | c. ID Number      |
| PATRICIA Ide  |                   |
| b. Mailing Address (include City, State and Zip Code) | d. Date Organized |
| 415 Club Colony Dr<br>Atlantic Beach NC 28512         | 7/8/09            |
|   | e. Phone Number   |
|   |                   |

| 2. Candidate Information                               |   | <input type="checkbox"/> Candidate's Primary Committee |
|--|---|--|
| a. Full Name   | c. Candidate ID Number  | d. Party Affiliation                                   |
| PATRICIA Ide   |   |  |
| b. Mailing Address (include City, State, and Zip Code) | e. Office Sought  | f. Jurisdiction  |
| 415 Club Colony Dr<br>Atlantic Beach NC<br>28512       | TOWN Council  | AB   |
|  | <small>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</small> |  |

| 3. Treasurer Information                               |  | 4. Custodian of Books Information |                  |
|--|--|-----------------------------------|------------------|
| a. Full Name   | a. Full Name   |                                   |                  |
| SAME   |  |                                   |                  |
| b. Mailing Address (include City, State, and Zip Code) | b. Mailing Address (include City, State, and Zip Code) |                                   |                  |
|  |  |                                   |                  |
| c. Phone Number  | d. Email Address                                       | c. Phone Number                   | d. Email Address |
|  |  |                                   |                  |

| 5. Assistant Treasurer Information                     |                                 | <input type="checkbox"/> Add       | 6. Account Information (incl. CRO-3500) |  | <input type="checkbox"/> Add |
|--|---------------------------------|------------------------------------|---|--|------------------------------|
| a. Full Name   | <input type="checkbox"/> Remove | a. Financial Institution Full Name | <input type="checkbox"/> Remove         |  |                              |
|  |                                 |                                    |   |  |                              |
| 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 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.

PATRICIA Ide      [Signature]      7/8/09  
 Printed Name of Signer      Signature of Appointed Treasurer      Date