

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Information			
a. Full Name		c. ID Number	
Nelms Again 2010			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 818 Newport, NC 28570		2/17/2010	
		e. Phone Number	
		252-223-5812	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Wade Nelms		Dem	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
Same	Commissioner	2	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Wade Nelms	Same		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
5. Assistant Treasurer Information		<input type="checkbox"/> Add	
a. Full Name		<input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	c. Account Code	d. Type
6. Account Information (incl. CRO-3500)			
a. Financial Institution Full Name		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
b. Purpose			
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.			
<u>Wade Nelms</u> Printed Name of Signer		<u>Wade Nelms</u> Signature of Appointed Treasurer	
		<u>3/11/10</u> Date	

