

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	
WILLIAM HARVEY SMITH			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
108 BOBBYS DR NEWPORT, NC 28570		2/19/10	
		e. Phone Number	
		223-3973	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
WILLIAM HARVEY SMITH			REPUBLICAN
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
SAME		COUNTY COMMISSIONER DIST. 2	
		(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	
WILLIAM HARVEY SMITH			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
SAME			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
SAME	W05MITH@EC.NC.COM		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		SOUND BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN FUNDS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		A	CHECKING
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.			
WILLIAM HARVEY SMITH		William Harvey Smith	2/19/10
Printed Name of Signer		Signature of Appointed Treasurer	Date