

# 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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Elect Paul Gaskins		OCDD04	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
487 Old Vanceboro Rd. New Bern, NC 28560		7-15-11	
		e. Phone Number	
		636-2244	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Paul Gaskins		OCDD04	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
487 Old Vanceboro Rd. New Bern, NC 28560		1st Craven Board	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
636-2244		2012	1st Craven
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Same		N/A	
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
I prefer to receive notices by email <input 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	b. Purpose
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	
c. Phone Number	d. Email Address	d. Type	
<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.			
Donald Paul Gaskins		Donald Paul Gaskins	07-15-11
Printed Name of Signer		Signature of Appointed Treasurer	Date