

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.

COPY

Amendment Yes No

1. Committee Information

a. Full Name	c. ID Number
Re-Elect Theron McCabe for Commissioner	
b. Mailing Address (include City, State and Zip Code) 521 Ferry Rd Havelock, NC 28532	d. Date Organized
	2/4/10
	e. Phone Number
	252-447-5257

2. Candidate Information Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
Theron Lee McCabe		Democratic
b. Mailing Address (include City, State, and Zip Code) 521 Ferry Rd Havelock, NC 28532	e. Office Sought	f. Jurisdiction
	County Commissioner <i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	D #5

3. Treasurer Information

a. Full Name	4. Custodian of Books Information
Judith Higdon	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
3928 Hwy 101 Havelock, NC 28532	SAME
c. Phone Number	d. Email Address
336-202-7622	

5. Assistant Treasurer Information Add Remove

a. Full Name	6. Account Information <i>(incl. CRO-3500)</i> <input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	First Citizens BANK
	b. Purpose
	Campaign
c. Phone Number	d. Email Address
	c. Account Code
	01
	d. Type
	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.

Judith Higdon Judith Higdon 2-16-10
 Printed Name of Signer Signature of Appointed Treasurer Date