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
Citizens for Carr Ipock	

b. Mailing Address (include City, State and Zip Code)	d. Date Organized
414 Surrey Ln. New Bern NC 28562	2/20/08
	e. Phone Number 637-3322

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
Carroll G. (Carr) Ipock II	6CDEZP	nonpartisan

b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
414 Surrey Ln New Bern, NC 28562	Board of Education District 3	

(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)

3. Treasurer Information

a. Full Name	
Carroll G. Ipock II	
b. Mailing Address (include City, State, and Zip Code)	
414 Surrey Ln. New Bern, NC 28562	
c. Phone Number	d. Email Address
637-3322	

4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Account Information *(incl. CRO-3500)*

☐ Add ☐ Remove

a. Financial Institution Full Name	
b. Purpose	
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.

Carroll G. Ipock II		2/20/08
Printed Name of Signer	Signature of Appointed Treasurer	Date