

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 | | | | c. ID Number | |
| a. Full Name | | | | TCDXJH | |
| b. Mailing Address (include City, State and Zip Code) | | | | d. Date Organized | |
| 5005 Morton Rd. New Bern, NC 28562 | | | | 2/13/12 | |
| | | | | e. Phone Number | |
| | | | | 670-4186 | |
| 2. Candidate Information | | | | <input type="checkbox"/> Candidate's Primary Committee | |
| a. Full Name | | e. Candidate ID Number | | f. Party Affiliation | |
| Sherri B. Richard | | TCDXJH | | Dem <small>(Indicate Non-partisan if applicable)</small> | |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | | | |
| 5005 Morton Rd ^{New Bern} 28562 | | Register of Deeds | | | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction | | |
| 670-4186 | nseagirl@gmail.com | N/A | N/A | | |
| <input type="checkbox"/> Email copy of notices | | | | | |
| 3. Treasurer Information | | | 4. Custodian of Books Information | | |
| a. Full Name | | | a. Full Name | | |
| Michelle Toth | | | N/A | | |
| b. Mailing Address (include City, State, and Zip Code) | | | b. Mailing Address (include City, State, and Zip Code) | | |
| 125 Gaskins Rd. New Bern, NC 28560 | | | N/A | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address | | |
| 244-0882 | | | | | |
| 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 | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | | 6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name | | a. Financial Institution Full Name | | | |
| N/A | | N/A | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | | | |
| N/A | | N/A | | | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type | | |
| N/A | N/A | N/A | N/A | | |
| <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. | | | | | |
| Sherri B. Richard | | Sherri B. Richard | | 2/13/12 | |
| Printed Name of Signer | | Signature of Appointed Treasurer | | Date | |