

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		
CITIZENS TO ELECT CHIP HUGHES					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
1037 COLLETON WAY NEW BERN, NC 28562			1-18-13		
			e. Phone Number		
			(52) 622-5607		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		c. Candidate ID Number		f. Party Affiliation	
FRED "CHIP" HUGHES				REPUBLICAN	
				<small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
1037 COLLETON WAY NEW BERN, NC 28562			CRAVEN COUNTY SHERIFF		
c. Phone Number	d. Email Address		h. Next Election Year	i. Jurisdiction	
252-622-5607	Chughes602@yahoo.com		2014	CRAVEN COUNTY	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
DANIEL E. MURPHY					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
2005 GRENVILLE CT NEW BERN, NC 28562					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
252-349-1212 252-636-6309	5NCMURPHYS@gmail.com				
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 <small>(incl. CRO-3500)</small>			
a. Full Name		a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Account Code	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.					
DANIEL E. MURPHY				1-18-2017	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

RECEIVED FEB 01 2013