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
Gretchen C. Davis for Re-Election	
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
207 Teakwood Drive New Bern, NC 28562	6/10/08
	e. Phone Number
	633-5495

COPY

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
Gretchen Charlene Davis	XCDRLZ	Nonpartisan

b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
207 Teakwood Drive New Bern, NC 28562	Soil & Water Conservation Supervisor	County

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

3. Treasurer Information

a. Full Name	
Gretchen C. Davis	
b. Mailing Address (include City, State, and Zip Code)	
207 Teakwood Drive New Bern, NC 28562	
c. Phone Number	**d. Email Address**
633-5495	

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.

Gretchen C. Davis	Gretchen C. Davis	6/10/08
Printed Name of Signer	Signature of Appointed Treasurer	Date