

RECEIVED
MAY 28 2013

(NEW)
Amendment
 Yes No

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 (when amending, only re-submit if applicable).

| 1. Committee Information | | | |
|---|--|--|---|
| a. Full Name KAREN KAE (DOUGLAS) McVICKER | | c. ID Number | |
| b. Mailing Address (include City, State and Zip Code) 24A MASTERS CT. DR. NEW BERN, NC 28562 | | d. Date Organized 5/24/13 | e. Phone Number (252) 514-2440 |
| 2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee | | | |
| a. Full Name KAREN R. McVICKER | | e. Candidate ID Number | f. Party Affiliation DEMOCRAT (Indicate Non-partisan if applicable) |
| b. Mailing Address (include City, State, and Zip Code) 24A MASTERS CT. DR. RIVER BEND TOWN COUNCIL | | g. Office Sought | |
| c. Phone Number (252) 514-2440 | d. Email Address Kmcvckr@AOL.COM | h. Next Election Year 2013 | i. Jurisdiction CRAVEN COUNTY PRECINCT 4 |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name BRIAN J. WESTCOTT | | a. Full Name KAREN R. McVICKER | |
| b. Mailing Address (include City, State, and Zip Code) 1565 B STREET NEW BERN, NC 28560 | | b. Mailing Address (include City, State, and Zip Code) 24A MASTERS CT. DR. NEW BERN, NC 28562 | |
| c. Phone Number (252) 571-6769 | d. Email Address CANVAS-LEATHER@HOTMAIL.COM | e. Phone Number | d. Email Address AS ABOVE |
| I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" 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 KAREN R. McVICKER | | a. Financial Institution Full Name | |
| b. Mailing Address (include City, State, and Zip Code) 24A MASTERS CT. DR. NEW BERN, NC 28562 | | b. Purpose | |
| c. Phone Number AS ABOVE | d. Email Address AS ABOVE | c. Account Code | d. Type |
| <input checked="" 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. | | | |
| Brian J. Westcott Printed Name of Signer | | Brian J. Westcott Signature of Appointed Treasurer | 5/27/13 Date |