

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		
Linda McCoy			ICDR3U		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
143 Brown Ave Cove City, NC 28523			7-8-11		
			e. Phone Number		
			252-638 8782		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		c. Candidate ID Number		f. Party Affiliation	
Linda McCoy		ICDR3U			
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
143 Brown Ave Cove City, NC 28523		Cove City Alderman			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
252-638 8782					
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
SAME			SAME		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
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					
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.					
Linda H. McCoy		Linda H. McCoy		7/8/11	
Printed Name of Signer		Signature of Appointed Treasurer		Date	