

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.

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Committee Information			
a. Full Name		c. ID Number	
Doodle Arnette for Alderman		8CDN12	
b. Mailing Address (include City, State, and Zip Code)		d. Date Organized	
507 E Kornegay St. Dover, NC 28526		7-16-09	
		e. Phone Number	
		527-2998	
Candidate Information		Candidate's Primary Committee	
b. Full Name		c. Candidate ID Number	d. Party Affiliation
Herman Doodle Arnette		8CDN12	non Part
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
507 E Kornegay St. Dover, NC 28526		Alderman	Dover
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
Presiding Information		Custodian of Books Information	
a. Full Name		a. Full Name	
Herman (Doodle) Arnette		Herman (Doodle) Arnette	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
507 E Kornegay St. Dover, NC 28526		507 E Kornegay St. Dover, NC 28526	
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
527-2998	n/a	527-2998	n/a
Asset or Liability Information		Account Information	
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	e. Account Code	d. Type
n/a	n/a	n/a	n/a
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.			
HERMAN ARNETTE			7-16-09
Printed Name of Signer		Signature of Appointed Treasurer	Date