

RECEIVED OCT 06 2011

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		
Robert L. Gschwind			ICDTT		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
101 Hillcrest Street Havelock, NC 28532-1922			8-10-11		
			e. Phone Number		
			252-571-2083		
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Robert Lewis Gschwind		ICDTT		Non-Partisan	
				(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
101 Hillcrest Street Havelock, NC, 28532-1922		Havelock Commissioner			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
252-571-2083	spitfire12@embargoemail.com	2011		Havelock	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Robert Lewis Gschwind			Robert Lewis Gschwind		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
101 Hillcrest Street Havelock, NC 28532-1922			101 Hillcrest Street Havelock, NC 28532-1922		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
252-571-2083	spitfire12@embargoemail.com	252-571-2083	spitfire12@embargoemail.com		
<input checked="" type="checkbox"/> 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			6. Account Information (incl. CRO-3500) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name		
			Wary Federal Credit Union		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Campaign Costs		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
			Checking		
<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.					
Robert Lewis Gschwind		Robert Lewis Gschwind		10-6-11	
Printed Name of Signer		Signature of Appointed Treasurer		Date	