

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
Carmen Andersen for Alderman	
b. Mailing Address (include City, State, and Zip Code)	d. Date Organized
3867 Bluegrass Ct New Bern, NC 28562 ^{AD}	7/14/09
	e. Phone Number
	804-419-1089

Candidate Information		<input type="checkbox"/> Candidates Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Carmen Andersen	6CD3HU	Non	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
3867 Bluegrass Ct New Bern, NC 28562	City of New Bern Alderman, Ward 4	NB	
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

Signer Information		Guardian of Books Information	
a. Full Name	a. Full Name		
Carmen Andersen	Carmen Andersen		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
3867 Bluegrass Ct New Bern, NC 28562	3867 Bluegrass Ct New Bern, NC 28562		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
804-419-1089	carmen.andersen@gmail.com	804-419-1089	carmenandersen@gmail.com

Asset or Liability Information		<input type="checkbox"/> Account Information	
a. Full Name	a. Financial Institution Full Name	b. Account Information	c. Date
n/a			
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
n/a			
c. Phone Number	d. Email Address	c. Account Code	d. Type
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.

N. Carmen Andersen N. Carmen Andersen 7/14/09
 Printed Name of Signer Signature of Appointed Treasurer Date