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 ☐ Yes ☑ No

1. Committee Information

a. Full Name	c. ID Number
Joan Bottcher	3CD 1SB
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
4300 Elizabeth Ave. NB, NC 28562	7-17-09
	e. Phone Number
	633-2502

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
Joan Bottcher	3CD1SB	non-part
b. Mailing Address (include City, State, and Zip Code)	**e. Office Sought**	**f. Jurisdiction**
4300 Elizabeth Ave. NB, NC 28562	Ald. Ward 4	NB

(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)

3. Treasurer Information

a. Full Name	
Joan Bottcher	
b. Mailing Address (include City, State, and Zip Code)	
4300 Elizabeth Ave. NB, NC 28562	
c. Phone Number	**d. Email Address**
633-2502	joneeb@yahoo.com

4. Custodian of Books Information

a. Full Name	
Joan Bottcher	
b. Mailing Address (include City, State, and Zip Code)	
4300 Elizabeth Ave. NB, NC 28562	
c. Phone Number	**d. Email Address**
n/a	n/a

5. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name	
n/a	
b. Mailing Address (include City, State, and Zip Code)	
n/a	
c. Phone Number	**d. Email Address**
n/a	n/a

6. Account Information *(incl. CRO-3500)* ☐ Add ☐ Remove

a. Financial Institution Full Name	
n/a	
b. Purpose	
n/a	
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.

Joan Bottcher	Joan Bottcher	7/17/09
Printed Name of Signer	Signature of Appointed Treasurer	Date