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
Sammy Dodd for Alderman	

b. Mailing Address (include City, State and Zip Code)	d. Date Organized
855 Washington Post Rd Lot 308 New Bern, NC 28562	2-22-13
RECEIVED FEB 26 2013	e. Phone Number: 252-229-7163

2. Candidate Information ☑ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Sammy Joe Dodd		Non-Partisan (Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)	g. Office Sought
855 Washington Post Rd. Lot 308 New Bern, NC 28562	City of New Bern Alderman Ward 5

c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
252-229-7163	doddforaldermane gmail.com	2013	Ward 5

☑ Email copy of notices

3. Treasurer Information

a. Full Name
Sammy Joe Dodd

b. Mailing Address (include City, State, and Zip Code)
855 Washington Post Rd. Lot 308 New Bern, NC 28562

c. Phone Number	d. Email Address
252-229-7163	doddforaldermane gmail.com

I prefer to receive notices by email ☑ Yes ☐ No

4. Custodian of Books Information

a. Full Name
Sammy Joe Dodd

b. Mailing Address (include City, State, and Zip Code)
855 Washington Post Rd. Lot 308 New Bern, NC 28562

c. Phone Number	d. Email Address
252-229-7163	doddforaldermane gmail.com

☑ Email copy of notices

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

☐ Email copy of notices

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

a. Financial Institution Full Name

b. Purpose

c. Account Code	d. Type

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.

Sammy Joe Dodd	Sammy Joe Dodd	2-22-13
Printed Name of Signer	Signature of Appointed Treasurer	Date