

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 Matthew Evans for Change	c. ID Number ZCDU2F
b. Mailing Address (include City, State and Zip Code) 515 507 Miller St. NB, NC 28560	d. Date Organized 7-16-09
	e. Phone Number 633-4321

Candidate Information		<input type="checkbox"/> Candidate of Primary Committee
a. Full Name Matthew Evans	c. Candidate ID Number	d. Party Affiliation Non-Part
b. Mailing Address (include City, State, and Zip Code) 515 507 Miller St. NB, NC 28560	e. Office Sought Alderman 2nd Ward NB	f. Jurisdiction NB
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

Resident Information		Custodian of Books Information	
a. Full Name Matthew Evans	b. Mailing Address (include City, State, and Zip Code) 515 507 Miller St. NB, NC 28560	a. Full Name Matthew Evans	b. Mailing Address (include City, State, and Zip Code) 507 Miller St. NB, NC 28560
c. Phone Number 633-4321	d. Email Address mevans0331@netzero.com	c. Phone Number	d. Email Address n/a

Account Information		Account Information	
a. Full Name n/a	b. Mailing Address (include City, State, and Zip Code) n/a	a. Financial Institution Full Name n/a	b. Purpose n/a
c. Phone Number n/a	d. Email Address n/a	c. Account Code n/a	d. Type 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.

MATTHEW EVANS **Matthew Evans** **16 July 2009**
Printed Name of Signer Signature of Appointed Treasurer Date