

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.

1. Committee Information			
a. Full Name		c. ID Number	
Koni Hanish		1CD9N9	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1620 Concord St. NB NC 28562		7-8-09	
		e. Phone Number	
		670-8491	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Koni Hanish			non-Part
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
1620 Concord St. NB NC 28562		Alderman 4	City NB
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Koni Hanish		Koni Hanish	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1620 Concord St. NB NC 28562		1620 Concord St. NB NC 28562	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
670-8491	Koni1@suddenlink.net	670-8491	n/a
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
n/a		n/a	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
n/a		n/a	
c. Phone Number	d. Email Address	c. Account Code	d. Type
n/a	n/a	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.			
Koni Hanish			7/8/2009
Printed Name of Signer		Signature of Appointed Treasurer	Date