Amendment
☐ Yes ☐ No

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.

1. Committee Information

a. Full Name: Committee to Re-Elect Alderman Raynor

c. ID Number: FCD-721

b. Mailing Address (include City, State and Zip Code): PO Box 446 New Bern NC 28563

d. Date Organized: 7-6-09

e. Phone Number: 633-5299

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name: Robert G. Raynor Jr.

c. Candidate ID Number:

d. Party Affiliation: non-PART

b. Mailing Address (include City, State, and Zip Code): PO Box 446 New Bern NC 28563

e. Office Sought: Alderman Dist. 2

f. Jurisdiction: CNB

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

3. Treasurer Information

a. Full Name: Robert G. Raynor Jr.

b. Mailing Address (include City, State, and Zip Code): PO Box 446 New Bern NC 28563

c. Phone Number: 633-5299

d. Email Address: n/a

4. Custodian of Books Information

a. Full Name: Robert G. Raynor Jr.

b. Mailing Address (include City, State, and Zip Code): PO Box 446 New Bern NC 28563

c. Phone Number: 633-5299

d. Email Address: 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: n/a

d. Email Address: rgraynor@yahoo.com

6. Account Information *(incl. CRO-3500)*

☐ Add ☐ Remove

a. Financial Institution Full Name: n/a

b. Purpose: 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.

Robert G. RAYNOR, JR — Printed Name of Signer

Signature of Appointed Treasurer

7-6-09 — Date