

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		
John R. Kirkland for Mayor			6CD855		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
118 Bowline Rd. New Bern, NC 28562			7/5/11		
			e. Phone Number		
			633-1363		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
John R. Kirkland.					
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
118 Bowline Rd. New Bern, NC 28562		Mayor - River Bend			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
633-1363	gkirk101@suddenlink.net	2012		River Bend.	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
John R. Kirkland					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
118 Bowline Rd. New Bern, NC 28562					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
633-1363	gkirk101@suddenlink.net				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
N/A					
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
<input type="checkbox"/> Email copy of notices					
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.					
JOHN R. KIRKLAND				7/5/11	
Printed Name of Signer		Signature of Appointed Treasurer		Date	