

# 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).

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Barbara J. Maurer		LCD3ZE	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
300 Shoreline Dr. New Bern, NC 28562		7-8-11	
		e. Phone Number	
		623-9430	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Barbara J. Maurer		LCD3ZE	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
300 Shoreline Dr. New Bern, NC 28562		River Bend Council Member	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
623-9430		2017	River Bend
<input type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Barbara J. Maurer		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
300 Shoreline Dr. New Bern, NC 28562			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
623-9430			
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> (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	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
Barbara J MAURER		Barbara J Maurer	07/08/11
Printed Name of Signer		Signature of Appointed Treasurer	Date