

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 (when amending, only re-submit if applicable).

| 1. Committee Information  |  |  |   |
|---|--|--|---|
| a. Full Name  |  | c. ID Number   |   |
| Committee to Elect David M. Dunn for Alderman   |  | UCDN 99  |   |
| b. Mailing Address (include City, State and Zip Code)   |  | d. Date Organized                                      |   |
| 222 Second Ave<br>Vanceboro NC 28586  |  | 7/15/11  |   |
|   |  | e. Phone Number  |   |
|   |  | 252-244-2793   |   |
| 2. Candidate Information <span style="float: right;"><input type="checkbox"/> Candidate's Primary Committee</span>  |  |  |   |
| a. Full Name  |  | e. Candidate ID Number                                 | f. Party Affiliation                    |
| David M. Dunn   |  | UCDN 99  |   |
| b. Mailing Address (include City, State, and Zip Code)  |  | g. Office Sought                                       |   |
| 222 Second Ave<br>Vanceboro NC 28586  |  | Vanceboro Alderman                                     |   |
| c. Phone Number   | d. Email Address   | h. Next Election Year                                  | i. Jurisdiction                         |
| 244-2793  | dunnclavidm9895@hotmail.com                              |  |   |
| <input checked="" type="checkbox"/> Email copy of notices   |  |  |   |
| 3. Treasurer Information  |  | 4. Custodian of Books Information                      |   |
| a. Full Name  |  | a. Full Name   |   |
| David M. Dunn   |  |  |   |
| b. Mailing Address (include City, State, and Zip Code)  |  | b. Mailing Address (include City, State, and Zip Code) |   |
| 222 Second Ave<br>Vanceboro NC 28586  |  |  |   |
| c. Phone Number   | d. Email Address   | c. Phone Number  | d. Email Address                        |
| 244-2793  |  |  |   |
| 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 <small>(incl. CRO-3500)</small> |   |
| a. Full Name  |  | <input type="checkbox"/> Add                           | <input checked="" type="checkbox"/> Add |
|   |  | <input type="checkbox"/> Remove                        | <input type="checkbox"/> Remove         |
| b. Mailing Address (include City, State, and Zip Code)  |  | a. Financial Institution Full Name                     |   |
|   |  | Wachovia   |   |
| c. Phone Number   |  | b. Purpose   | d. Type                                 |
|   |  | Campaign   | Checking                                |
| d. Email Address  |  | c. Account Code  |   |
|   |  |  |   |
| <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. |  |  |   |
| <u>David M. Dunn</u><br>Printed Name of Signer  | <u>David M. Dunn</u><br>Signature of Appointed Treasurer | <u>10/13/11</u><br>Date                                |   |