

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 Committee to Elect Will Wilson			c. ID Number		
b. Mailing Address (include City, State and Zip Code) 16 Sunny Oak Pl Durham NC 27712			d. Date Organized 8/1/2011		
			e. Phone Number 383-2326		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name Will Wilson		e. Candidate ID Number		f. Party Affiliation Dem (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code) 16 Sunny Oak Pl Durham NC 27712		g. Office Sought County Commissioner			
c. Phone Number 383 2326	d. Email Address willwilson@gmail.com	h. Next Election Year 2012		i. Jurisdiction Durham County	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name Will Wilson			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 16 Sunny Oaks Pl Durham NC 27712			b. Mailing Address (include City, State, and Zip Code) IN-PERSON		
c. Phone Number 383 2326	d. Email Address willwilson@gmail.com	c. Phone Number	d. Email Address	AUG 01 2011	
		DURHAM BOE			
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove			a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		
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.					
Will Wilson		[Signature]		8/1/2011	
Printed Name of Signer		Signature of Appointed Treasurer		Date	