

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

Elect Alice Bailey

c. ID Number

b. Mailing Address (include City, State and Zip Code)

PO Box 3435 Durham NC 27702

d. Date Organized

e. Phone Number

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

Alice Bailey

e. Candidate ID Number

f. Party Affiliation

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

PO Box 3435 Durham NC 27702

g. Office Sought

c. Phone Number

919-236-5923

d. Email Address

alice@outreach-northcarolina.org

h. Next Election Year

i. Jurisdiction

IN-PERS

AUG 08 2011

☐ Email copy of notices

3. Treasurer Information

a. Full Name

Alice Bailey

b. Mailing Address (include City, State, and Zip Code)

PO Box 3435 Durham NC 27702

c. Phone Number

919-236-5923

d. Email Address

alice@outreach-northcarolina.org

4. Custodian of Books Information

DUF

a. Full Name

I prefer to receive notices by email

☐ Yes

☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name

b. Mailing Address (include City, State, and Zip Code)

b. Purpose

IN-PERSON

AUG 08 2011

c. Phone Number

d. Email Address

c. Account Code

d. Type

DURHAM BOE

☐ 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.

Alice Bailey

Printed Name of Signer

Alice Bailey

Signature of Appointed Treasurer

8/8/11

Date