Statement of Organization - Candidate CommitteeUse this form to create a new or update an existing candidate committee.

Ame	ndm	ent		
	Yes		헉	No

This form must be a	ccompanied by forms CRO-3100 and CI	RO-3500 (when amen	ding, only r	re-submit if applicable).		
1. Committee Infor	rank description of the second	The second secon	THE REST	The state of the s		
a. Full Name 🖰 🚓	nmittee to Elec	-		c. ID Number		
Patric	ia P. Russe	11				
	lude City, State and Zip Code)			d. Date Organized		
1511 Re	d Mountain Ro	7		7/12/11		
Prova A	A 4104			e. Phone Number		
no by	Mont, NC 2757	2,		919.477-06		
2. Candidate Infor	mation		Candidate	's Primary Committee		
a. Full Name	139	e. Candidate ID Numbe		f. Party Affiliation		
Patricio	Poole Russell		_	Dern		
			(Indicate Non-partican if applicable)			
	lude City, State, and Zip Code)	g. Office Sought				
1511 Red Mountain Rd. Rougement Town Cou						
c . Phone Number	d. Email Address	h. Next Election Year	i, J	Jurisdiction		
4 17-0651	Russellpkp@aslico	1106 4	٦	Rougement		
3. Treasurer Inform		4. Custodian of Bo	oks Inform	nation		
a. Full Name	a. Full Name					
Patricic	Patricia P. Russell					
b. Mailing Address (incl	b. Mailing Address (include City, State, and Zip Code)					
1511 Re	1511 Red Mtn Rd					
Ro ugemo	Rougemont, NC 27572					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ad	dress		
477-0681 Russellakp@acl.com		477.0681	477.0681 Russellpkp@ad. Long			
I prefer to receive notices by email Yes No Email copy of notices						
5. Assistant Treasu	4	6. Account Information (incl. CRO-3500) Add				
a. Full Name	Remove	a. Financial Institution	Full Name	Remove		
57)	<u>```</u>	2/4				
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Purpose		IN-PERSON		
				JUL 2 1 2011		
c. Phone Number	d. Email Address	c. Account Code	d. Type			
				DURHAM BOE		
Email copy o	f notices	1				
CERTIFICATION						
l 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.						
Patricia P. Russell Patricia P. Russell Date Printed Name of Signer Signature of Appointed Treasurer Date						