

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

1. Committee Information		c. ID Number	
a. Full Name Peterson For Public Office			
b. Mailing Address (include City, State and Zip Code) P.O. Box 101 Durham, N.C. 27701		d. Date Organized 2/4/08	
		e. Phone Number 919-949-3867	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Victoria Peterson		c. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 101 Durham, N.C. 27701		d. Party Affiliation Democratic	
		e. Office Sought Durham County Commissioner (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Victoria Peterson		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 101 Durham N.C. 27701		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 919-949-3867		c. Phone Number	
d. Email Address VBPeterson		d. Email Address	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number		c. Code	
d. Email Address		d. Type	
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
<u>Victoria Peterson</u> Printed Name of Signer		<u>Victoria Peterson</u> Signature of Appointed Treasurer	
		<u>2/4/08</u> Date	

CRO-2100A

NC State Board of Elections

May 2003

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FEB 15 2008

IN PERSON



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

Feb 4 08
Date Signed

Victoria Peterson
Signature of Candidate

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