

Statement of Organization - Joint Committee Fundraiser

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to create a joint committee fundraiser.

Candidates must have established their own personal campaign committee prior to organizing a joint fundraiser committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information					
a. Full Name			c. ID Number		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
			e. Phone Number		
2. Fundraiser Event Name			3. Fundraiser Event Location		
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>					
4. Candidate/Committee Information			<input type="checkbox"/> Add		<input type="checkbox"/> Add
a. Full Name			<input type="checkbox"/> Remove		<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
c. Candidate ID Number		d. Party Affiliation	e. Share	c. Candidate ID Number	
			%		
f. Office Sought		g. Jurisdiction		f. Office Sought	
5. Treasurer Information			6. Custodian of Books Information		
a. Full Name			a. Full Name		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number		d. Email Address	c. Phone Number		d. Email Address
I prefer to receive my notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
7. Assistant Treasurer Information			<input type="checkbox"/> Add		<input type="checkbox"/> Add
a. Full Name			<input type="checkbox"/> Remove		<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.					
_____		_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer		Date	