

Statement of Organization Addendum

Page ____ of ____

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

Use this form to supply additional assistant treasurer information or additional account information
 This form must be accompanied by form CRO-3500 if additional accounts are being reported

1. Committee Full Name (and Fund if applicable)		2. ID Number	
3. Assistant Treasurer Information		4. Account Information <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add		<input type="checkbox"/> Add	
<input type="checkbox"/> Remove		<input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
3. Assistant Treasurer Information		4. Account Information <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add		<input type="checkbox"/> Add	
<input type="checkbox"/> Remove		<input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
3. Assistant Treasurer Information		4. Account Information <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add		<input type="checkbox"/> Add	
<input type="checkbox"/> Remove		<input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
3. Assistant Treasurer Information		4. Account Information <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add		<input type="checkbox"/> Add	
<input type="checkbox"/> Remove		<input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	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.

Printed Name of Signer

Signature of Appointed Treasurer

Date