

Joint Committee Fundraiser Addendum

Page ____ of ____

Amendment

Yes No

Use this form to report additional committees which are being added to the Joint Committee Fundraiser.

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

This form must accompany the Statement of Organization Form - CRO-2100B.

1. Committee Full Name						2. ID Number											
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>																	
3. Candidate/Committee Information				<input type="checkbox"/> Add		3. Candidate/Committee Information				<input type="checkbox"/> Add							
a. Full Name				<input type="checkbox"/> Remove		a. Full Name				<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			d. Party Affiliation			e. Share		
						%									%		
f. Office Sought				g. Jurisdiction				f. Office Sought				g. Jurisdiction					
3. Candidate/Committee Information				<input type="checkbox"/> Add		3. Candidate/Committee Information				<input type="checkbox"/> Add							
a. Full Name				<input type="checkbox"/> Remove		a. Full Name				<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			d. Party Affiliation			e. Share		
						%									%		
f. Office Sought				g. Jurisdiction				f. Office Sought				g. Jurisdiction					
3. Candidate/Committee Information				<input type="checkbox"/> Add		3. Candidate/Committee Information				<input type="checkbox"/> Add							
a. Full Name				<input type="checkbox"/> Remove		a. Full Name				<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			d. Party Affiliation			e. Share		
						%									%		
f. Office Sought				g. Jurisdiction				f. Office Sought				g. Jurisdiction					

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