

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

Amendment ☐ Yes ☐ No

This form must be accompanied by forms CRO-3100 and CR	O-3500.				
1. Committee Information					
a. Full Name			c. ID Number		
CommiTTEE TO ELECT ELI A. AND	OFRSON IR				
b. Mailing Address (include City, State and Zip Code)			d. Date Organ	ized	
PO BOX 255			07/15/	2009	
BETHANIA A C			e. Phone Num	per	
27010			336 76	45252	
2. Candidate Information	Candidate's Pr	imary Commi	itee	(4) 医克里克	
a. Full Name	c. Candidate ID Numl	жг	d. Party Affilia	ation	
ELI ARTHUR ANDERSON JR	yc 0991	- :-	NONPAR	TISAN	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought			f. Jurisdiction	
P.O. BOX 255	COMMISSION	6R - BET	AIONIA		
& BETHANIA NC					
2700	(If office sought is	nonpartisan, Party Affil	_	artisan" in [d]	
3. Treasurer Information	4. Custodian of Bo	ooks Informa	ition		
a. Full Name	a. Full Name				
ELI ARTHUR ANDERSON JR	ELI ARTHUR	· Anoers	~ Ir		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	clude City, Stat	e, and Zip Code)	
7.0.Box 255	P. O. BOX	255			
BETHANIA, NC 27010	BETHAN		27010		
: Phone Number d. Email Address	c. Phone Number	d. Email Addr			
3347645252 EANDERSON TREACOUSTICAL. COM	3367645252	EANDERS	B 40 NEW	eickey Dustical.com	
5. Assistant Treasurer Information Add	6. Account Inform		GRO-3500)	Add .	
a. Full Name Remove	a. Financial Institution	Full Name		Remove	
N/A	NEWBRIDGE	BANK			
. Mailing Address (include City, State, and Zip Code)	b. Purpose	1 (M. 818) 28 (8)			
	Campana fun	٥		DUA 60	
. Phone Number d. Email Address	c. Account Code	d. Type			
	*	•	**************************************	<u> </u>	
	EF	CHECKI	70.0	< >	
CERTIFICATION					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 200-22M-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.					
Finted Name of Signer Signature of Appointed Treasurer Date					
Sign	and of Appointed Heat			aic	



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:		
Candidate Name:	EU A. ANDERSON JR	
Treasurer Name:	EU A ANDERSON JR	
Treasurer Address:	P.O. BOX 255	2009
(include city, state, & zip)	BETHANIA NC 27010	700
		<u> </u>
Treasurer Phone:	3367V4 5252	
		. 22 D

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163,278.9(k).

7 24 2009 Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.





North Carolina

State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

FILED BY:

CRO-3500

Committee Name:

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

August 2008

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

COMMITTEE TO ELECT ELI A ANDERSON IR

Treasurer Name:	ELI	A ANOGRESON JR	
Treasurer Address:	P.o.	Box 255	
(include city, state, &	zip) BE 774	MINA NC 27010)
Treasurer Phone:	336	764 5252	
the above named Commi	ittee. These acco	ount numbers include all bank	m providing all account information for accounts utilized, credit card accounts, I for any purpose by the Committee.
information provided we court of competent jurisd to provide account infor- code", confidentiality of	ould only be use liction. It will be mation on require the account num	ed for the purposes of an aude e necessary to assign each acc ed disclosure reports. If an a ber is presumed to have been	is not subject to public disclosure. The dit or investigation or as required by count number a "account code" in order account number is used as the account waived.
		d shall not commingle those f	
Type of account F	inancial Institutio	on Address	Account Number Account
CHECKING N	ewanas Ra	VK 3 600 OLD SALLSBUR	wal EF
		W-S NC 2717	27
By signing this statement provided. 7/24/2009 Date Signed	nt, I authorize ag	gents of the State Board of El	Signature of Candidate or Treasurer
		n, I certify that this committee tes may choose this option.)	e will not raise or spend any money

Certification of Financial Account Information



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State Board of Elections

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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:		
Committee Name:	COMMITTEE TO ELECT ELI A ANDERSON TE	
Treasurer Name:	ELL A ANDGESON JR	
Treasurer Address:	Po Box 255	
(include city, state, & zip)	BETHANIA NC 27010	2003
		=
	<u></u>	
Treasurer Phone:	336 764 5252	3
election cycle under the pro until the end of the election expenditures during this ele of elections and file require THIS DECLARATION CA I am withdrawing my file the next scheduled repo	mittee intends to neither receive nor expend more than \$3,000 during the concedures set forth in G.S. 163-278.10A. This certification will remain in a cycle for this committee. If this committee exceeds \$3,000 in contribution cycle, I understand that I must immediately notify the appropriate of campaign finance reports. NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE of Certification to remain under the \$3000 threshold. I will now be required to the report of the contributions and expenditures that have not been previously repairment election cycle. I further agree to file all future reports required.	effectons or board
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Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.