			Amendment
Statement of	f Organization - Candidate (Committee over a count	
Statement of Organization - Candidate Committee URSYTH COUNTY Use this form to create a new or update an existing candidate committee ARD OF ELECTIONS This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).			
This form must be	accompanied by forms CRO-3100 and C	RO-3500 (when amending, only	re-submit if applicable).
	ormation		
a. Full Name	· · ·		c. ID Number
Connit	ce to Elect Fred Fran	Klin RECEIVED	ECQLCB
	aclude City, State and Zip Code)		d. Date Organized
1420 Ca	inral Sawmill Rd	-	7/2/11
1010151	ville, NC 27023		e. Phone Number
			336-945-4477
2. Candidate Info	rmation	Candidate	's Primary Committee
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Fred L	Jesley Franklin	ECQLCB	Non-partican (Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
1420 Conrad Sawmill Rd		Council Member	
Lewisvil	16, NC 27023		
c. Phone Number	d. Email Address		urisdiction
336-945-4477 FFrandlin @ trial. rr. un		2011 1	Lewisville
Email copy of notices		a anton ana ang ikana mana dina dina manana dini kana na ang ikana dina sa	en an
3 Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Fred W. Franklin		Fred W. Franklin	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
HOO Conrad Summill Al		1420 Conrol Sawmill R2.	
Lewisville, NC 27023		Levisville, NC >7023	
C. F. HOBE INUMBER IN, PARTI AND INS		c. Phone Number d. Email Address	
		336-945-4477 Afranklin@trial.or.com	
		Email copy of notices	
		a. Financial Institution Full Name	
a. Full Name			
		Allagaca Filoral	Crathain
b. Mailing Address (include City, State, and Zip Code) b		b. Purpose	
		,	
		Checking / Campaign	
c. Phone Number	d. Email Address	c. Account Code d. Type	
		3 Cha	
Email copy o	f notices	U UNE	My mis Pa
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22Nf 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.			
For W. tooking that We that I ??			
Printed Name of Signer Signature of Appointed Treasurer Date			

ſ

~