

Statement of Organization - Candidate Committee

Amendment

☒ Yes ☐ No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name <i>Gloria D. Whisenand County Commission</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>456 N. Hawthorne Rd. Winston-Salem, NC 27104</i>		d. Date Organized <i>12/1/15</i>	
		e. Phone Number <i>336-725-1072</i>	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>Gloria D. Whisenand</i>		e. Candidate ID Number	f. Party Affiliation (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) <i>456 N. Hawthorne Rd. Winston-Salem, NC 27104</i>		g. Office Sought <i>County Commissioner</i>	
c. Phone Number <i>336-725-1072</i>	d. Email Address	h. Next Election Year	i. Jurisdiction
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>same</i>		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 notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <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
<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.			
<i>Gloria D. Whisenand</i> Printed Name of Signer		<i>Gloria D. Whisenand</i> Signature of Appointed Treasurer	
		<i>2/11/16</i> Date	