

RECEIVED

Statement of Organization - Candidate Committee

FEB 26 2018

Amendment
[ ] Yes [x] 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 to submit if applicable).

Beaufort County Board of Elections

1. Committee Information
a. Full Name: Deatherage for Commissioner
b. Mailing Address: 106 Beechtree Rd, Washington, NC 27889
c. ID Number
d. Date Organized: 02.26.18
e. Phone Number: 946.1132
2. Candidate Information
a. Full Name: Stan Deatherage
b. Mailing Address: 106 Beechtree Rd, Washington, NC 27889
c. Phone Number: 946.1132
d. Email Address: stan@beaufortcountynew.com
e. Candidate ID Number
f. Party Affiliation: Rep
g. Office Sought: County Commissioner
h. Next Election Year: 2022
i. Jurisdiction: Beaufort Co.
3. Treasurer Information
a. Full Name: Stan Deatherage
b. Mailing Address: 106 Beechtree Rd, Washington, NC 27889
c. Phone Number: 946.1132
d. Email Address: stan@beaufortcountynew.com
4. Custodian of Books Information
a. Full Name
b. Mailing Address
c. Phone Number
d. Email Address
5. Assistant Treasurer Information
a. Full Name
b. Mailing Address
c. Phone Number
d. Email Address
6. Account Information
a. Financial Institution Full Name: n/a
b. Purpose
c. Account Code
d. Type
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: William Starbuck Deatherage Sr.
Signature of Appointed Treasurer: [Signature]
Date: 02 26 18