

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 | | c. ID Number | |
| FRANKS For Sheriff | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 5289 Kelly Rd Bath, NC 27808 | | 8-1-17 | |
| | | e. Phone Number | |
| | | | |
| 2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee | | | |
| a. Full Name | | e. Candidate ID Number | f. Party Affiliation |
| Petre EARL FRANKS SR | | | DEMOCRAT <small>(Indicate Non-partisan if applicable)</small> |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | |
| 5289 Kelly Road Bath, NC 27808 | | Beaufort Co, Sheriff | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| 252 940-3378 | VoteForFranks@ymhoo.com | 2018 | Beaufort County |
| <input type="checkbox"/> Email copy of notices | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| Barbara Barr | | Barbara Barr | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 160 WARREN LANE Belhaven, NC 27810 | | 160 WARREN LANE Belhaven, NC 27810 | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 252 964-4703 | bucki27810@earthlink.net | 252-964-4703 | bucki27810@earthlink.net |
| I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Email copy of notices | |
| 5. Assistant Treasurer Information | | 6. Account Information (incl. CRO-3500) | |
| a. Full Name | | a. Financial Institution Full Name | |
| | | FIRST BANK | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| AUG 14 2017 Beaufort County Board of Elections | | Campaign Financing | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type |
| | | 01 | checking |
| <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. | | | |
| Barbara Barr | | 8-11-17 | |
| Printed Name of Signer | | Date | |
| Barbara Barr | | | |
| Signature of Appointed Treasurer | | | |

