


# Statement of Organization - Candidate Committee

|                          |     |  |
|--------------------------|-----|--|
| Amendment                |     |  |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> 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   |                       |
| Waters for Commissioner  |                        |  |                       |
| b. Mailing Address (include City, State and Zip Code)  |                        | d. Date Organized  |                       |
| 482 Pike Road<br>Pantego NC 27860  |                        | 2/7/2018   |                       |
|  |                        | e. Phone Number  |                       |
|  |                        | 252/935-5400   |                       |
| 2. Candidate Information   |                        |  |                       |
| <input checked="" type="checkbox"/> Candidate's Primary Committee  |                        |  |                       |
| a. Full Name   |                        | e. Candidate ID Number   | f. Party Affiliation  |
| Frank Wayne Waters, Sr.  |                        |  | Republican            |
| b. Mailing Address (include City, State, and Zip Code)   |                        | g. Office Sought   |                       |
| 482 Pike Road<br><br>Pantego NC 27860  |                        | Beaufort County Commissioner   |                       |
| c. Phone Number  | d. Email Address       | h. Next Election Year  | i. Jurisdiction       |
| 252/935-5400   | fwaters@twglimited.com | 2018   |                       |
| <input checked="" type="checkbox"/> Email copy of notices  |                        |  |                       |
| 3. Treasurer Information   |                        | 4. Custodian of Books Information  |                       |
| a. Full Name   |                        | a. Full Name   |                       |
| Gary L. Respass  |                        | Gary L. Respass  |                       |
| b. Mailing Address (include City, State, and Zip Code)   |                        | b. Mailing Address (include City, State, and Zip Code)                               |                       |
| 5141 Old 97 Road<br>Pantego NC 27860   |                        | 5141 Old 97 Road<br>Pantego NC 27860   |                       |
| c. Phone Number  | d. Email Address       | c. Phone Number  | d. Email Address      |
| 252/927-3475   | garyr@gotricounty.com  | 252/927-3475   | garyr@gotricounty.com |
| I prefer to receive my 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)  |                       |
|  |                        | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove              |                       |
| a. Full Name   |                        | a. Financial Institution Full Name   |                       |
| Frank Wayne Waters, Sr.  |                        | Southern Bank<br>Belhaven NC   |                       |
| b. Mailing Address (include City, State, and Zip Code)   |                        | b. Purpose   |                       |
| 482 Pike Rd<br>Pantego NC 27860  |                        | Campaign operating account   |                       |
| c. Phone Number  | d. Email Address       | c. Account Code  | d. Type               |
| 252/935-5400   | fwaters@twglimited.com | WFC  | Checking              |
| <input checked="" 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. |                        |  |                       |
| Frank Wayne Waters, Sr.  |                        |  | 2/12/2018             |
| Printed Name of Signer   |                        | Signature of Appointed Treasurer<br>Asst   | Date                  |