

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	
Keith King Committee to Elect for City Council		K5757	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
418 N Liberty Street Winston-Salem NC 27101			
		e. Phone Number	
		336-749-0365	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Keith King		K5757	Dem
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
418 N Liberty Street Winston-Salem NC 27101		Winston-Salem City Council	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-749-0365	King4citycouncil@att.net	2016	Northwest
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information			
a. Full Name		4. Custodian of Books Information	
Dawn Johnson		n. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
180 Skycrest Drive Winston-Salem NC 27127			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-624-5770	dawninspirations@yahoo.com		
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			
a. Full Name		6. Account Information (incl. CRO-3500)	
		a. Financial Institution Full Name	
		b. Purpose	
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	
		d. Type	
c. Phone Number	d. Email Address		
<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.			
Dawn Patterson Johnson		Dawn P. Johnson	2/27/15
Printed Name of Signer		Signature of Appointed Treasurer	Date