

COPY

Statement of Organization - Candidate Committee

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).

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT GRIFFIN SHERIFF			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 712 LEANSVILLE, NC 27012		05-09-2009	
		e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
DAVID HAROLD GRIFFIN			REPUBLICAN
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
4491 BOSTIC FARM ROAD BERMANTON, NC 27019		SHERIFF	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
395-8506	DAGRIFFIN@TRIAD.PR.CO	2014	Forsyth County
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Wanda Melton Carleton		SAME AS TREASURER	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
5002 Salem Glen Blvd Clemmons, NC 27012			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 414-7993	wandacarleton @mindspring.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 <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (Use CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		DE	INDIVIDUAL
<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.			
Wanda M. Carleton		Wanda M. Carleton	
Printed Name of Signer		Signature of Appointed Treasurer	
		9/26/13	
		Date	

RECEIVED
FORSYTH COUNTY
CLERK'S OFFICE