

Statement of Organization - Candidate Committee

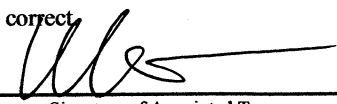
Amendment

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).

RECEIVED
JUL 06 2011

1. Committee Information		2. Candidate Information	
a. Full Name CITIZENS FOR WILL BEST		<input type="checkbox"/> Candidate's Primary Committee a. Full Name WILL BEST	
b. Mailing Address (include City, State and Zip Code) 1831 WHITE OAK RD RALEIGH NC 27608		e. Candidate ID Number	
c. ID Number WAKE CO. BOARD OF ELECTIONS 18 YC 33		f. Party Affiliation NON-PARTISAN <small>(Indicate Non-partisan if applicable)</small>	
d. Date Organized 07/10/2007		g. Office Sought AT-LARGE RALEIGH CITY COUNCIL	
e. Phone Number (919)624-9265		h. Next Election Year	
i. Jurisdiction RALEIGH		<input type="checkbox"/> Email copy of notices	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name WILL BEST		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 1831 WHITE OAK RD RALEIGH NC 27608		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number (919)624-9265	d. Email Address Wgroomebest@gmail.com	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose CAMPAIGN ACCOUNT	
c. Phone Number	d. Email Address	c. Account Code 01	d. Type 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.			
WILL BEST Printed Name of Signer		 Signature of Appointed Treasurer	
		6/26/2011 Date	