

# 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.

Amendment

Yes

No

**RECEIVED**

## 1. Committee Information

a. Full Name <i>Organizing for Southeast Raleigh to Elect First Carr Raleigh City Council</i>		c. ID Number <b>JUN 30 2011</b>
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 28654 Raleigh, N.C. 27611</i>		WAKE CO. BOARD OF ELECTIONS d. Date Organized <i>December 15, 2010</i>
		e. Phone Number <i>919-949-7162</i>

## 2. Candidate Information

<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name <i>Lent Christopher Carr, II</i>	c. Candidate ID Number	d. Party Affiliation
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought <i>Raleigh City Council</i>	f. Jurisdiction <i>Dist. C</i>
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

## 3. Treasurer Information

a. Full Name <i>Deltarina Diaz</i>
b. Mailing Address (include City, State, and Zip Code) <i>P.O. Box 28654 Raleigh, N.C. 27611</i>
c. Phone Number <i>919-949-7162</i>
d. Email Address <i>deltarinadiaz@yahoo.com</i>

## 4. Custodian of Books Information

a. Full Name <i>Deltarina Diaz</i>
b. Mailing Address (include City, State, and Zip Code) <i>P.O. Box 28654 Raleigh, N.C. 27611</i>
c. Phone Number <i>919-949-7162</i>
d. Email Address <i>deltarinadiaz@yahoo.com</i>

## 5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose	
c. Account Code	d. Type

## 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.

*Deltarina Diaz*  
Printed Name of Signer

*Deltarina Diaz*  
Signature of Appointed Treasurer

*6/23/11*  
Date

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