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 01 2011 WAKE CO. BOARD OF ELECTIONS

RECEIVED JUN 27 2011 WAKE CO. BOARD OF ELECTIONS

1. Committee Information

a. Full Name: COMMITTEE TO RE-ELECT TIM SACK

c. ID Number:

b. Mailing Address (include City, State and Zip Code): 232 ELAM ST HOLLY SPRINGS, NC 27540

d. Date Organized: 6/27/11

e. Phone Number: 919-557-7294

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name: TIMOTHY SACK

e. Candidate ID Number:

f. Party Affiliation: NON-PART (Indicate Non-partican if applicable)

b. Mailing Address (include City, State, and Zip Code): 232 ELAM ST HOLLY SPRINGS, NC 27540

g. Office Sought: COUNCILMAN

c. Phone Number: 919-557-7294

d. Email Address:

h. Next Election Year:

i. Jurisdiction: HOLLY SPRINGS

☐ Email copy of notices

3. Treasurer Information

a. Full Name: TIMOTHY SACK

b. Mailing Address (include City, State, and Zip Code): 232 ELAM ST HOLLY SPRINGS, NC 27540

c. Phone Number: 919-557-7294

d. Email Address:

I prefer to receive notices by email ☐ Yes ☐ No

4. Custodian of Books Information

a. Full Name: SAME

b. Mailing Address (include City, State, and Zip Code): SAME

c. Phone Number: SAME

d. Email Address:

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name:

b. Mailing Address (include City, State, and Zip Code):

c. Phone Number:

d. Email Address:

☐ Email copy of notices

6. Account Information (incl. CRO-3500)

☐ Add ☐ Remove

a. Financial Institution Full Name: CRESLENT STATE BANK

b. Purpose: FOR RECEIPT AND EXPENDITURE OF CAMPAIGN FUNDS

c. Account Code: 1

d. Type: CHECKING

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
TIMOTHY C SACK	[signature]	6/27/11