

RECEIVED

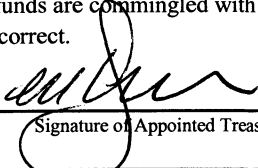
JUL 25 2011

Amendment
 Yes No

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-3006 (when amending, only to submit if applicable).

1. Committee Information			
a. Full Name <i>CITIZENS FOR STOHLMAN</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>209 Bailey Ridge Dr. Morrisville, NC 27560</i>		d. Date Organized <i>7/25/11</i>	
		e. Phone Number <i>919-949-1403</i>	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>MARK L. STOHLMAN</i>		e. Candidate ID Number	f. Party Affiliation <i>REP.</i>
b. Mailing Address (include City, State, and Zip Code) <i>209 Bailey Ridge Drive Morrisville, NC 27560</i>		g. Office Sought <i>4 YEAR AT-LARGE</i>	
c. Phone Number <i>919-949-1403</i>	d. Email Address <i>mstohlman@nc.rr.com</i>	h. Next Election Year <i>2011</i>	i. Jurisdiction <i>Morrisville</i>
<input checked="" type="checkbox"/> Email copy of notices <i>a mail hard copy</i>			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>MARK L. STOHLMAN</i>		a. Full Name <i>MARK L. STOHLMAN</i>	
b. Mailing Address (include City, State, and Zip Code) <i>209 Bailey Ridge Dr. Morrisville, NC 27560</i>		b. Mailing Address (include City, State, and Zip Code) <i>209 Bailey Ridge Dr. Morrisville, NC 27560</i>	
c. Phone Number <i>919-949-1403</i>	d. Email Address <i>mstohlman@nc.rr.com</i>	c. Phone Number <i>919-949-1403</i>	d. Email Address <i>mstohlman@nc.rr.com</i>
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <i>N/A</i>		a. Financial Institution Full Name <i>WACHTOVA BANK NA</i>	b. Purpose <i>TO RECEIVE & EXPENSE CAMPAIGN FUNDS</i>
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type <i>CHECKING</i>
c. Phone Number		d. Type	
<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.			
<i>MARK L. STOHLMAN</i> Printed Name of Signer		 Signature of Appointed Treasurer	<i>7/25/11</i> Date