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AUG 12 2011

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).

WAKE CO.

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JUL 12 2011

Amendment Yes No

1. Committee Information		WAKE CO. BOARD OF ELECTIONS	
a. Full Name		c. ID Number	
COMMITTEE TO ELECT PETE THIBODEAU			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1337 HERITAGE CLUB AVE WAKE FOREST, NC 27587		JULY 2007	
		e. Phone Number	
		919-453-1051	
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		e. Candidate ID Number	f. Party Affiliation
PETER MATHEW THIBODEAU			NON-PARTISAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
1337 HERITAGE CLUB AVE WAKE FOREST, NC 27587		WAKE FOREST TOWN COMMISSIONER	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-453-1051	PTHIBOD37@YAHOO.COM	2011	TOWN OF WAKE FOREST
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
MONIQUE MURIEL THIBODEAU		SAME AS 3	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1337 HERITAGE CLUB AVE WAKE FOREST, NC 27587		SAME AS 3	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-453-1051	MTHIBOD001@YAHOO.COM	SAME AS 3	3
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 <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		WACHOVIA BANK, NA	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN FUNDS MANAGEMENT	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		PMT	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.			
MONIQUE M. THIBODEAU		Monique Thibodeau	7/9/11
Printed Name of Signer		Signature of Appointed Treasurer	Date