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Statement of Organization - Candidate Committee 23 2011

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-3101. WAKE CO. BOARD OF ELECTIONS

1. Committee Information			
a. Full Name		c. ID Number	
CONCERNED CITIZENS TO ELECT WEEKS			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 27861 RALEIGH, NC 27611-7861		6-13-11	
		e. Phone Number	
		919-832-2377	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
EUGENE WEEKS			NON-PARTISAN
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
2509 FOXGATE DRIVE RALEIGH, NC 27610		RALEIGH CITY COUNCIL	DISTRICT C
<small>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</small>			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Benjamin Rudolph Dudley		Benjamin Rudolph Dudley	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
5216 Cardinal Grove Blvd. Raleigh, N.C. 27616		5216 Cardinal Grove Blvd Raleigh, NC 27616	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-790-8629	N/A	919-790-8629	N/A
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		MECHANICS + FARMERS	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Keeping Funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		EW	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.			
Eugene Weeks		Benjamin R. Dudley	6-13-11
Printed Name of Signer		Signature of Appointed Treasurer	Date