

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).

| 1. Committee Information | |
|---|------------------------|
| a. Full Name JOHN AUTRY FOR DISTRICT 5 | c. ID Number OGXPZ8 |
| b. Mailing Address (include City, State and Zip Code) P.O. BOX 189113, CHARLOTTE, NC 28218 | d. Date Organized |
| | e. Phone Number |

| 2. Candidate Information | | <input type="checkbox"/> Candidate's Primary Committee | |
|--|------------------------|--|-----------------|
| a. Full Name | e. Candidate ID Number | f. Party Affiliation <small>(Indicate Non-partisan if applicable)</small> | |
| b. Mailing Address (include City, State, and Zip Code) | g. Office Sought | | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| <input type="checkbox"/> Email copy of notices | | | |

| 3. Treasurer Information | | 4. Custodian of Books Information | |
|--|--|-----------------------------------|------------------|
| a. Full Name | a. Full Name | | |
| b. Mailing Address (include City, State, and Zip Code) | b. Mailing Address (include City, State, and Zip Code) | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| I prefer to receive notices by email <input 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 | <input type="checkbox"/> Add <input type="checkbox"/> Remove | a. Financial Institution Full Name | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| b. Mailing Address (include City, State, and Zip Code) | b. Purpose | | |
| c. Phone Number | d. Email Address | c. Account Code | 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.

Cynthia G. Thomson *Cynthia G. Thomson* 10/26/2015
 Printed Name of Signer Signature of Appointed Treasurer Date