



# 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)

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT WILLIAM CHRISMON			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. BOX 157 WASHINGTON NC 27889		2/23/2018	
		e. Phone Number	
		252-944-4921	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		e. Candidate ID Number	f. Party Affiliation
WILLIAM HILTON CHRISMON		ODC JOF	DEMOCRATIC
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
1 PUNGO TRAIL BELHAVEN NC 27810		BEAUFORT COUNTY SHERIFF	
c. Phone Number	d. Email Address		
252-944-4921	WILLIAM.CHRISMON@OUTLOOK.COM		
<input checked="" type="checkbox"/> Email copy of notices		h. Next Election Year	i. Jurisdiction
		2018	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
GARY DWIGHT CHRISMON JR		GARY DWIGHT CHRISMON JR	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P O BOX 157 WASHINGTON NC 27889		P O BOX 157 WASHINGTON NC 27889	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-975-1061	GARY.CHRISMON@OUTLOOK.COM	252-975-1061	GARY.CHRISMON@OUTLOOK.COM
I prefer to receive my notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		FIRST BANK WASHINGTON BRANCH 639 W 15 <sup>TH</sup> ST WASHINGTON NC 27889	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		ELECTION FUNDS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	CHECKING
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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 General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, and correct.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		3/11/2018 Date	