

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		c. ID Number	
Franks for Sheriff RECEIVED			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
5289 Kelly Rd. Bath, NC 27808		AUG - 1 2017 8/1/17	
		e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
PETRE EARL FRANKS SR			DEMOCRAT <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
5289 Kelly Rd BATH N.C. 27808		Beaufort Co. Sheriff	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
252-940-3348	vote for franks@yahoo.com	2018	Beaufort County
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Barbara Barr		Barbara Barr	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
160 Warren Lane Belhaven, NC 27810		160 Warren Lane Belhaven, NC 27810	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-964-4703	bucki27810@earthlink.net	252-964-4703	bucki27810@earthlink.net
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Michael Roy Sheppard		First Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
2408 W 5th St. Washington, NC 27889		Campaign Financing	
c. Phone Number	d. Email Address	c. Account Code	d. Type
402-7572	MSheppard5026@gmail	01	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.			
Barbara Barr		Barbara Barr	8-1-17
Printed Name of Signer		Signature of Appointed Treasurer	Date