

Statement of Organization - Candidate Committee

Is this statement: New Amended

RECEIVED

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

DEC 11 2019

Beaufort County Board of Elections

1. Committee Information	
a. Name of Committee Committee to Elect Tw Allen School Board	d. ID Number UDC98X
b. Mailing Address (include City, State and Zip Code) 17 Chad Loop Belhaven NC 27810	e. Date Organized 12/6/19
c. Committee Website (Optional) NA	f. Phone Number 252 943 1483

2. Candidate Information			
a. Full Name Thomas Allen		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) 17 Chad Loop Belhaven NC 27810		f. Office Sought Beaufort Co School Board	
c. Phone Number 252 943 1483	d. Email Address twallen@tidelandenc.com	g. Next Election Year 2020	h. Jurisdiction District 3
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Thomas Allen		a. Full Name Thomas Allen	
b. Mailing Address (include City, State, and Zip Code) 17 Chad Loop Road Belhaven, NC 27810		b. Mailing Address (include City, State and Zip Code) 17 Chad Loop Road Belhaven, NC 27810	
c. Phone Number 252.943.1483	d. Email Address twallen@tidelandenc.com	c. Phone Number 943.1483	d. Email Address twallen@tidelandenc.com
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name Thomas Allen		a. Financial Institution Full Name n/a	
b. Mailing Address (include City, State, and Zip Code) 17 Chad Loop Road Belhaven, NC 27810			
c. Phone Number 943.1483	d. Email Address twallen@tidelandenc.com	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Thomas Allen

Printed Name of Treasurer

[Signature]

Signature of Appointed Treasurer

12/6/19

Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Thomas Allen

Printed Name of Candidate

[Signature]

Signature of Candidate

12/6/19

Date