

Statement of Organization - Candidate Committee

Is this statement: New Amended

RECEIVED

DEC 17 2019

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.

1. Committee Information				Beaufort County Board of Elections	
a. Name of Committee		d. ID Number			
Carbone For Beaufort Co Commissioner					
b. Mailing Address (include City, State and Zip Code)			e. Date Organized		
POB 2555 Washington NC 27889			12/10/19		
c. Committee Website (Optional)			f. Phone Number		
			(919) 452-4413		
2. Candidate Information					
a. Full Name			e. Party Affiliation		
John Stephen Carbone			Democrat		
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought		
POB 2555 Washington NC 27889			Beaufort Co Commissioner		
c. Phone Number		d. Email Address		g. Next Election Year	
(919) 452-4413		Carbone48cc@outlook.com		2024	
<input checked="" type="checkbox"/> Email copy of report notices				h. Jurisdiction	
				Beaufort Co	
3. Treasurer Information			4. Assistant Treasurer Information		
a. Full Name			a. Full Name		
John Carbone			John Carbone		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State and Zip Code)		
POB 2555 Washington NC 27889			POB 2555 Washington NC 27889		
c. Phone Number		d. Email Address		c. Phone Number	
(919) 452-4413				(919) 452-4413	
<input type="checkbox"/> 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			a. Financial Institution Full Name		
John Carbone			N/A		
b. Mailing Address (include City, State, and Zip Code)					
POB 2555 Washington NC 27889					
c. Phone Number		d. Email Address		b. Account Code	
(919) 452-4413					
<input type="checkbox"/> Email copy of report notices					
<p>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.</p>					
<p>John Carbone</p> <p>Printed Name of Treasurer</p>		<p></p> <p>Signature of Appointed Treasurer</p>		<p>12/17/19</p> <p>Date</p>	
<p>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.</p>					
<p>John Carbone</p> <p>Printed Name of Candidate</p>		<p></p> <p>Signature of Candidate</p>		<p>12/17/19</p> <p>Date</p>	