

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 18 2019

Beaufort County Board of Elections

1. Committee Information			
a. Name of Committee Walker for School District 7		d. ID Number D0C942	
b. Mailing Address (include City, State and Zip Code) 144 Indian Trail Washington, NC 27889		e. Date Organized 12.18.19	
c. Committee Website (Optional)		f. Phone Number 975.3453	
2. Candidate Information			
a. Full Name Carolyn S Walker		e. Party Affiliation Rep	
b. Mailing Address (include City, State, and Zip Code) 144 Indian Trail Washington NC 27889		f. Office Sought School Board	
c. Phone Number 975.3453	d. Email Address carolynannwalker@aol.com	g. Next Election Year 2024	h. Jurisdiction Dist 7
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Carolyn S Walker		a. Full Name Same	
b. Mailing Address (include City, State, and Zip Code) 144 Indian Trail Washington NC 27889		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 975.3453	d. Email Address carolynannwalker@aol.com	c. Phone Number	d. Email Address
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 Same		a. Financial Institution Full Name n/a	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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> Carolyn S. Walker Carolyn S Walker 12-18-19 Printed Name of Treasurer Signature of Appointed Treasurer 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> Carolyn S. Walker Carolyn S Walker 12-18-19 Printed Name of Candidate Signature of Candidate Date </p>			