

Statement of Organization - Candidate Committee

Is this statement: **RECEIVED**
 New Amended

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.

JAN 06 2020

Beaufort County Board of Elections

1. Committee Information	
a. Name of Committee Randy Walker 4 Commissioner	d. ID Number
b. Mailing Address (include City, State and Zip Code) 144 Indian Trail Washington, NC	e. Date Organized 12.19.19
c. Committee Website (Optional)	f. Phone Number 252.945.3453

2. Candidate Information	
a. Full Name Randy Walker	e. Party Affiliation Republican
b. Mailing Address (include City, State, and Zip Code) 144 Indian Trail	f. Office Sought County Commissioner
c. Phone Number 252-945-3453	d. Email Address randywalker4commissioner@gmail.com
<input checked="" type="checkbox"/> Email copy of report notices	g. Next Election Year 2024
	h. Jurisdiction Beaufort County

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Randy Walker	a. Full Name	b. Mailing Address (include City, State and Zip Code)	b. Mailing Address (include City, State and Zip Code)
b. Mailing Address (include City, State, and Zip Code) Same	b. Mailing Address (include City, State and Zip Code)	c. Phone Number Same	d. Email Address Same
c. Phone Number Same	d. Email Address Same	c. Phone Number	d. Email Address
Send report notices by email <input checked="" 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	b. Account Code	c. Type
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address		
<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.

Randy Walker Printed Name of Treasurer
 Randy Walker Signature of Appointed Treasurer
 1-6-20 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.

Randy Walker Printed Name of Candidate
 Randy Walker Signature of Candidate
 1-6-20 Date