

# 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	
Committee to Elect Patrick Harris		AGHMQ2	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
701 S. Crescent Drive Smithfield, NC 27577		2014	
		e. Phone Number	
		919-524-7937	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Patrick E. Harris		AGHMQ2	Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
701 S. Crescent Dr Smithfield, NC 27577		County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-524-7937	PatrickE.Harris@gmail.com	2018	Johnston County
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
John			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 1308 Smithfield, NC 27577			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-994-4607	John@danddcPAS.com		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		FOUR OAKS BANK + TRUST	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
			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.			
John A. Dunn			2-26-18
Printed Name of Signer		Signature of Appointed Treasurer	Date



# NORTH CAROLINA

State Board of Elections & Ethics Enforcement

## Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

### FILED BY:

Candidate Name:

Patrick E. Harris

Treasurer Name:

John A. Dunn, CPA

Treasurer Address:

PO Box 1308

(include city, state, & zip)

301 S. Second Street

Smithfield, NC 27577

Treasurer Phone:

919 934-4607

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2-26-18

Date Signed

Signature of Candidate