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
Ernie Masche for Mayor	7DU6G6
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
3420 N Center St, Hickory, NC 28601	7/18/2013
	e. Phone Number
	828-310-8823

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2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	f. Party Affiliation
Ernie Masche	7DU6G6	Non-Partisan (Indicate Non-partican if applicable)

b. Mailing Address (include City, State, and Zip Code)	g. Office Sought
3420 N Center St, Hickory, NC 28601	Mayor

c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-310-8823			City of Hickory

☐ Email copy of notices

3. Treasurer Information

a. Full Name
Ernie Masche

b. Mailing Address (include City, State, and Zip Code)
3420 N Center St, Hickory, NC 28601

c. Phone Number	d. Email Address
828-310-8823	

I prefer to receive notices by email ☐ Yes ☐ No

4. Custodian of Books Information

a. Full Name
N/A

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number	d. Email Address

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name
N/A

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number	d. Email Address

☐ Email copy of notices

6. Account Information *(incl. CRO-3500)*

☐ Add ☐ Remove

a. Financial Institution Full Name
First Citizens Bank

b. Purpose
Policial

c. Account Code	d. Type
EWM	Checking

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.

Ernie Masche	[signature]	8/13/2013
Printed Name of Signer	Signature of Appointed Treasurer	Date