

# Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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.

<b>1. Committee Information</b>									
a. Name of Committee					d. ID Number				
Committee to Elect Nadeen Bir									
b. Mailing Address (include City, State and Zip Code)					e. Date Organized				
c. Committee Website (Optional)					f. Phone Number				
<b>2. Candidate Information</b>									
a. Full Name				e. Party Affiliation					
b. Mailing Address (include City, State, and Zip Code)				f. Office Sought					
c. Phone Number		d. Email Address		g. Next Election Year		h. Jurisdiction			
919-443-5294									
<input type="checkbox"/> Email copy of report notices									
<b>3. Treasurer Information</b>				<b>4. Assistant Treasurer Information</b>					
a. Full Name				a. Full Name					
b. Mailing Address (include City, State, and Zip Code)				b. Mailing Address (include City, State and Zip Code)					
c. Phone Number		d. Email Address		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				<input type="checkbox"/> Email copy of report notices					
<b>5. Custodian of Books Information (Keeper of Records)</b>				<b>6. Account Information (incl. CRO-3500)</b>					
a. Full Name				a. Financial Institution Full Name					
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>									
Luke Hirst _____ Printed Name of Treasurer		Luke Hirst _____ Signature of Appointed Treasurer		Digitally signed by Luke Hirst Date: 2026.02.06 16:01:01 -05'00' _____ Date		2/6/2026 _____ Date			
<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>									
_____ Printed Name of Candidate				_____ Signature of Candidate				_____ Date	

**E-MAIL**  
**FEB 06 2026**