


Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Bettina Umstead			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
100 Stratford Lakes Dr, #324 Durham, NC 27713		11/27/2017	
		e. Phone Number	
		919-749-4296	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
Bettina Hope Umstead		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
100 Stratford Lakes Dr, #324 Durham, NC 27713		Board of Education	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-749-4296	bettinafordps@gmail.com	2018	District 2
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Amy Bell Salo		Amy Bell Salo	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
604 Massey Ave Durham, NC 27701		604 Massey Ave Durham, NC 27701	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-619-6345	amybellsalo@gmail.com	704-619-6345	amybellsalo@gmail.com
I prefer to receive my 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	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Checking Account for Committee	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		BUSB1	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.			
Amy Bell Salo Printed Name of Signer		 Signature of Appointed Treasurer	11/30/17 Date