

Statement of Organization - Party Committee

Amendment
 Yes No

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information			
a. Full Name 13th Cong. Dist. REC		c. ID Number STA-C4183N-C-001	
b. Mailing Address (include City, State and Zip Code) 2 Hillwind Ct Greensboro NC 27408-3866		d. Date Organized JUL 03 2017	
		e. Phone Number 336-254-2292	
2. Party Information			
a. Type <input type="checkbox"/> National <input type="checkbox"/> Affiliated (Caucus) <input type="checkbox"/> State <input checked="" type="checkbox"/> Subordinate		b. Party Name 13th Cong. Dist. Republican Party	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Tina L. Forsberg		a. Full Name Same	
b. Mailing Address (include City, State, and Zip Code) 2 Hillwind Ct Greensboro NC 27408-3866		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 336 254 2292	d. Email Address treasurer.NC13@gmail.com	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" 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	
		SCANNED	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose JUL 05 2017 MEW	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.			
Tina L Forsberg Printed Name of Signer		Tina L Forsberg Signature of Appointed Treasurer	
		May 18, 2017 Date	

