

Statement of Organization - Candidate Committee

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

1. Committee Information	
a. Name of Committee BANKERT FOR NC SENATE	d. ID Number
b. Mailing Address (include City, State and Zip Code) PO BOX 1053 FUQUAY VARINA NC 27526	e. Date Organized 2/1/2022
c. Committee Website (Optional) STATE BOARD OF ELECTIONS	f. Phone Number 919-594-1923

2. Candidate Information	
a. Full Name DAVID P BANKERT	e. Party Affiliation REPUBLICAN
b. Mailing Address (include City, State, and Zip Code) 5420 PEAR ORCHARD LN RALEIGH NC 27616	f. Office Sought NC SENATE
c. Phone Number 919-215-5670	g. Next Election Year 2022
d. Email Address bank4ncsen@protonmail.com	h. Jurisdiction DISTRICT 18
<input checked="" type="checkbox"/> Email copy of report notices	


3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name CHRISTOPHER M MORRISON	b. Mailing Address (include City, State, and Zip Code) 320 N JUDD PKWY NE STE 218 FUQUAY VARINA NC 27526	a. Full Name DEIRDRE C MORRISON	b. Mailing Address (include City, State and Zip Code) 320 N JUDD PKWY NE STE 218 FUQUAY VARINA NC 27526
c. Phone Number 919-627-5855	d. Email Address morrison taxnc@gmail.com	c. Phone Number 919-627-5855	d. Email Address morrison taxnc@gmail.com
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name DEIRDRE C MORRISON	b. Mailing Address (include City, State, and Zip Code) 320 N JUDD PKWY NE STE 218 FUQUAY VARINA NC 27526	a. Financial Institution Full Name FIDELITY BANK	
c. Phone Number 919-627-5855	d. Email Address morrison taxnc@gmail.com	b. Account Code FBC1	c. Type CHECKING
<input checked="" type="checkbox"/> Email copy of report notices			

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.

CHRISTOPHER M MORRISON
 Printed Name of Treasurer  Signature of Appointed Treasurer 2/1/2022 Date

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.

DAVID P BANKERT
 Printed Name of Candidate  Signature of Candidate 2/1/2022 Date



Board of Elections
161601

PO BOX 695 • Raleigh, NC 27602-0695

02/07/2022

NC State Board of Elections
Attn: Campaign Finance
P.O. Box 27255
Raleigh, NC 27611-7255

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ALF-SMP 27611

