

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 | | |
| GOEBEL FOR HARRISBURG | | | | | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Organized | | |
| 6434 PHARR MILL RD HARRISBURG NC 28075 | | | 07/20/2017 | | |
| | | | e. Phone Number | | |
| | | | 704-654-7070 | | |
| 2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee | | | | | |
| a. Full Name | | e. Candidate ID Number | | f. Party Affiliation | |
| BRYCE R GOEBEL | | | | REPUBLICAN <small>(Indicate Non-partisan if applicable)</small> | |
| b. Mailing Address (include City, State, and Zip Code) | | | g. Office Sought | | |
| 6434 PHARR MILL RD HARRISBURG NC 28075 | | | HARRISBURG TOWN COUNCIL | | |
| c. Phone Number | d. Email Address | | h. Next Election Year | i. Jurisdiction | |
| 7046547070 | BRYCEFORTHEBURG@GMAIL.COM | | 2017 | HARRISBURG | |
| <input checked="" type="checkbox"/> Email copy of notices | | | | | |
| | | | | | |
| 3. Treasurer Information | | | 4. Custodian of Books Information | | |
| a. Full Name | | | a. Full Name | | |
| BRYCE R GOEBEL | | | CANDIDATE | | |
| b. Mailing Address (include City, State, and Zip Code) | | | b. Mailing Address (include City, State, and Zip Code) | | |
| 6434 PHARR MILL RD HARRISBURG NC 28075 | | | | | |
| c. Phone Number | d. Email Address | | c. Phone Number | d. Email Address | |
| 7046547070 | BRYCEFORTHEBURG@GMAIL.COM | | | | |
| 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 <small>(incl. CRO-3500)</small> | | |
| a. Full Name | | | a. Financial Institution Full Name | | |
| NONE | | | RECEIVED | | |
| b. Mailing Address (include City, State, and Zip Code) | | | b. Purpose | | |
| | | | JUL 20 2017 | | |
| | | | CABARRUS COUNTY | | |
| c. Phone Number | d. Email Address | | c. Account Code | BOARD OF ELECTIONS | |
| | | | | | |
| <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. | | | | | |
| BRYCE R GOEBEL | | Bryce R Goebel | | 07/20/17 | |
| Printed Name of Signer | | Signature of Appointed Treasurer | | Date | |