

Statement of Organization - Candidate Committee

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.

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Michael Fryar			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 185 Fairview, NC 28730		02-22-08	
		e. Phone Number	
		275-2333	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Michael V. Fryar			Republican
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
2 Lakeview Drive Fairview, NC 28730		County Commissioner	
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Christy Fryar		Christy Fryar	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
11 Saluda Street Asheville, NC 28806		11 Saluda Street Asheville, NC 28806	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
279-4255	cfryar@abr-nc.com	279-4255	cfryar@abr-nc.com
5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
		a. Financial Institution Full Name	
		Bank of Ch Asheville	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Take in campaign donations Disbursements	
c. Phone Number	d. Email Address	c. Account Code	d. Type
			checking
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.			
Christy Fryar		cmfryar	02-22-08
Printed Name of Signer		Signature of Appointed Treasurer	Date