

Statement of Organization - Referendum Committee

Amendment

Yes No

Use this form to create a new or update an existing referendum committee.
This form must be accompanied by form CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
S.T.O.P. (Sales Tax Opposition Partnership)			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
16 Glen Cove Drive Arden, NC 28704		Jan 20, 2011	
		e. Phone Number	
		828-280-1792	
2. Referendum Information			
a. Full Name		b. Date of Referendum	c. Declaration
Referendum to Increase Sales Tax in Buncombe by 1/4 of 1ct to fund A-B Tech construction		Nov. 8, 2011	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Robert Malt		Robert Malt	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
16 Glen Cove Drive Arden, NC 28704		16 Glen Cove Drive Arden, NC 28704	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-280-1792	rmalt22@gmail.com	828-280-1792	rmalt22@gmail.com
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
Betty Jackson		BB&T	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
214 Scottlynn Dr. Asheville, NC 28806		checking account for receiving contributions and making disbursements	
c. Phone Number	d. Email Address	c. Account Code	d. Type
828-259-9160	bettyjackson@charter.net	ST1	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.			
Robert Malt		1/28/2011	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	