

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		
David Grantt for Chairman Committee					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
82 Church Street Asheville, NC 28802			11/10/2011		
			e. Phone Number		
			828. 252.2862		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		c. Candidate ID Number		f. Party Affiliation	
David Grantt				Dem <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
82 Church St Asheville NC 28802			Chairman Bune Co Commission		
c. Phone Number	d. Email Address		h. Next Election Year	i. Jurisdiction	
828.252.2862	david@davidgrantt.com		2012	At Large	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Carol L King					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
40 N French Broad Ave Asheville NC 28801					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
828-258-2323	Carol@Cikopa.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		
Laura A Rich					
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
40 N. French Broad Ave Asheville NC 28801					
c. Phone Number	d. Email Address		c. Account Code	d. Type	
828-258-2323	laura@Cikopa.com				
<input checked="" 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.					
CAROL KING		Carol King		1/5/12	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



DEC 02 2011

North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: David Gantt

Treasurer Name: Carol King, CPA

Treasurer Address: 40 N French Broad Avenue

(include city, state, & zip) Asheville, NC 28801

Treasurer Phone: 828.258.2323

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

12/01/11
Date Signed

David Gantt
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: David Frantl for Chairman Committee
 Treasurer Name: Carol Leung, & Associates, P.A. Carol Leung
 Treasurer Address: 40 N. French Broad Avenue
 (include city, state, & zip) Asheville, NC 28801
 Treasurer Phone: 828.258.2323

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	MountainFirst Bank	52 B Coxe Ave, NC 28801	[REDACTED]	A

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

01/06/12
Date Signed

David Frantl
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

Signature of Candidate or Treasurer