

Statement of Organization - Candidate Committee

Is this statement:

New 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	d. ID Number
Hankins for Board of Education	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
1016 Ringlet Court Winnabow NC 28479	3/1/2022
c. Committee Website (Optional)	f. Phone Number
	910-233-7426

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Cameron Hankins		DEM	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1016 Ringlet Court Winnabow, NC 28479		Board of Education	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-233-7426	hankins4boardofed@gmail.com	2022	District 5
<input type="checkbox"/> Email copy of report notices			

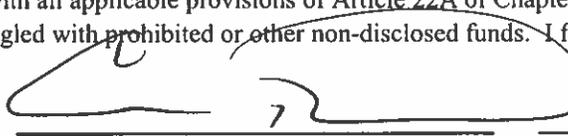
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Cameron Hankins			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1016 Ringlet Court Winnabow NC 28479			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-233-7426	hankins4boardofed@gmail.com		
Send report notices by email <input 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		a. Financial Institution Full Name	
		Corning Credit Union	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		Hankins	Checking
<input 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.

Cameron D. Hankins

Printed Name of Treasurer

 7-12-22

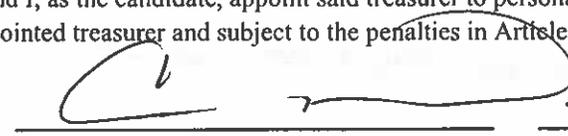
Signature of Appointed Treasurer

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.

Cameron D. Hankins

Printed Name of Candidate

 7-12-22

Signature of Candidate

Date