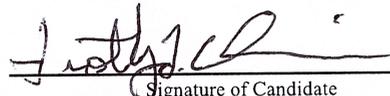


Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
Committee to Elect Timothy Daniels			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 6338, Ocean Isle Beach, NC 28469			
c. Committee Website (Optional)		f. Phone Number	
		919-302-4791	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Timothy Daniels		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 6338 Ocean Isle Beach, NC 28469		Sherrff	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-218-3816		2026	Brunswick County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Marc Seelinger, Jr			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO Box 1332 Belmont, NC 28012			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-302-4791	finance@marcseelinger.com		
Send report notices by email <input checked="" 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	
Marc Seelinger, Jr		Trust United Bank	
b. Mailing Address (include City, State, and Zip Code)			
PO Box 1332 Belmont, NC 28012			
c. Phone Number	d. Email Address	b. Account Code	c. Type
919-302-4791	finance@marcseelinger	TRU	Checking
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>Marc Seelinger, Jr _____ Printed Name of Treasurer</p> <p> _____ Signature of Appointed Treasurer</p> <p>10/22/15 _____ Date</p> <p>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.</p> <p>Timothy Daniels _____ Printed Name of Candidate</p> <p> _____ Signature of Candidate</p> <p>10/22/2015 _____ Date</p>			