

Statement of Organization - Candidate Committee

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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		
Myles The Committee to Elect Myles Larsen					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
5 Glen Meadow Court Pinehurst, NC 28374					
			e. Phone Number		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Myles David Larsen				non-partisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
5 Glen Meadow Ct. Pinehurst NC 28374			Pinehurst Mayor		
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
910-261-4604	myles4mayor@gmail.com	2015		Moore County	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Myles D. Larsen			Candidate		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
5 Glen Meadow Ct. Pinehurst, NC 28374					
c. Phone Number	d. Email Address	c. Phone Number		d. Email Address	
910-261-4604	myles4mayor@gmail.com				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name		
RECEIVED			PNC		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
JUL 15 2015			Campaign operating expenses		
c. Phone Number	d. Email Address	c. Account Code		d. Type	
MOORE BOE		A		checking	
<input 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.					
Myles D. Larsen Printed Name of Signer		 Signature of Appointed Treasurer		15 July 2015 Date	



RECEIVED

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

JUL 31 2015

Kim Westbrook Strach
Executive Director

MOORE BOE
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: Myles D. Larsen

Treasurer Name: Myles D. Larsen

Treasurer Address: 5 Glen Meadow Court

(include city, state, & zip) Pinehurst, NC 28374

Treasurer Phone: 201-300-5194

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).

7/30/2015
Date Signed

[Signature]
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: Committee to Elect Myles Larsen
 Treasurer Name: Myles D. Larsen
 Treasurer Address: 5 Glen Meadow Court
 (include city, state, & zip) Pinehurst, NC 28374
 Treasurer Phone: 201-300-5194

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 is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on 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	PNC	Pinehurst	[REDACTED]	A

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

30 July 2013
Date Signed

[Signature]
Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

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

Date Signed

Signature of Candidate or Treasurer