

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	Committee to Elect Beau Foster	d. ID Number	
b. Mailing Address (include City, State and Zip Code)	610 Newbury St	RECEIVED WCBOE	e. Date Organized 12/13/2023
c. Committee Website (Optional)		DEC 22 2023	f. Phone Number (919) 488-4440

2. Candidate Information

a. Full Name	Beau Foster	e. Party Affiliation	Democrat
b. Mailing Address (include City, State, and Zip Code)	610 Newbury St	f. Office Sought	Ward, Commission District 3
c. Phone Number	(919) 488-4440	g. Next Election Year	2027
d. Email Address	BeauF@ymail.com	h. Jurisdiction	Wayne
<input type="checkbox"/> Email copy of report notices		<input type="checkbox"/> Email copy of report notices	

3. Treasurer Information

a. Full Name	Beau Foster	a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	610 Newbury St 601 Duke NC 27510	b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	(919) 288-4440	c. Phone Number	
d. Email Address	BeauF@ymail.com	d. Email Address	
<input type="checkbox"/> 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)

a. Full Name	Southern Bank		
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		01	Checking
<input type="checkbox"/> Email copy of report notices		<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.

Beau Foster

Printed Name of Treasurer

Signature of Appointed Treasurer

12/22/2023

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.

Beau Foster

Printed Name of Candidate

Signature of Candidate

12/22/2023

Date