

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Information					
a. Full Name			c. ID Number		
PETER STARLETOS ALLAN			VOYL2Z		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
P.O. Box 5111			2.14.06		
EMERALD ISLE, N.C. 27594			e. Phone Number		
			(252) 354-3230		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
PETER STARLETOS ALLAN				REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
P.O. Box 5111		county commissioner district		1	
EMERALD ISLE, N.C. 27594		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
SAME AS ABOVE			SAME AS ABOVE		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number		d. Email Address		c. Phone Number	
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number		d. Email Address		c. Code	
				d. Type	
CERTIFICATION					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
Peter Allan		Peter Allan		2.14.06	
Printed Name of Signer		Signature of Appointed Treasurer		Date	