
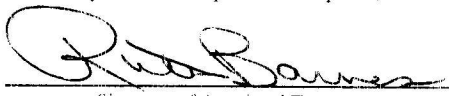


Statement of Organization - Candidate Committee

Amendment
 Yes 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

1. Committee Information			
a. Full Name		c. ID Number	
Ruth Barnes			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
304 Fairview St Atlantic Beach, NC 28512		7/6/07	
		e. Phone Number	
		252-726-2224	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Ruth Barnes			Non Partisan
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	
SE Same as above		Commissioner	
		f. Jurisdiction	
		AB	
		(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	
Ruth Barnes		Ruth Barnes	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same as above			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Same	rbarnes@starfishnet.com		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	Checking
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		7/6/07 Date	