

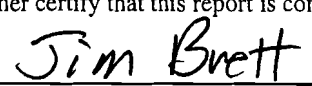
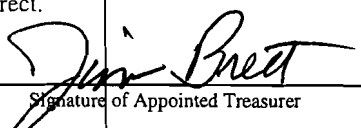
Statement of Organization - Candidate Committee

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	
Jim Brett			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
305 Cape lookout loop Emerald Isle, N.C. 28594		2-8-10	
		e. Phone Number	
		252-854-9258	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Same			
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
Same		Board of Education	D-1
		(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			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Same			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		State Employees Credit Union	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		JB	Checking
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	2-8-10 Date