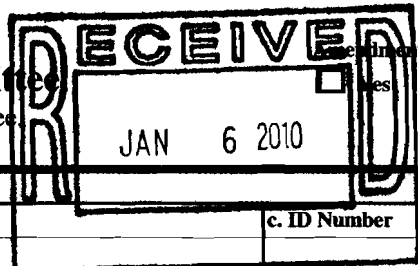


Statement of Organization - Candidate Committee

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.



Yes No

1. Committee Information

a. Full Name		c. ID Number	
Citizens for David A Clammerhead Cessna Sr			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 252 Smyrna NC 28579			
		e. Phone Number	
		252-241-9557	

2. Candidate Information

Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
David Arland Cessna Sr.		nonpartisan
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
P.O. Box 252 Smyrna NC 28579	County Commissioner	District 6
(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	
David Arland Cessna Sr.			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P.O. Box 252 Smyrna NC 28579			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-241-9557	clammerhead@gmail.com		

5. Assistant Treasurer Information

Add
 Remove

6. Account Information (incl. CRO-3500)

Add
 Remove

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
		413	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.

DAVID ARLAND CESSNA SR David Arland Cessna Sr 1-6-10
 Printed Name of Signer Signature of Appointed Treasurer Date