

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	
BRUCE CONRAD FLYNT			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
177 OAKLEAF DRIVE PINE KNOLL SHORES, NORTH-CAROLINA 28512			
		e. Phone Number	
		252-726-6712	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
BRUCE CONRAD FLYNT			REPUBLICAN
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
177 OAKLEAF DRIVE PINE KNOLL SHORES NORTH-CAROLINA 28512		TOWN COMMISSIONER	
		(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	
BARBARA MOORE FLYNT			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
177 OAKLEAF DRIVE PINE KNOLL SHORES, N.C. 28512			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-726-6712			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		<input type="checkbox"/> Add	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove	<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account 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.			
BRUCE C FLYNT		Barbara M Flynt	7-19-07
Printed Name of Signer		Signature of Appointed Treasurer	Date