

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
BARBARA N. FORREST	FDRL4Q
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
145 ASH ST CEDAR POINT NC 28584	
	e. Phone Number

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
BARBARA N. FORREST			
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
145 ASH ST CEDAR PT N.C.	Town Commissioner	CEDAR POINT	
	<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>		

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
JUDY REFEARN		BARBARA FORREST	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
40 REFEARN'S NURSERY CEDAR PT. NC		145 ASH ST CEDAR PT NC	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-393-6222		252 393-8503	bforrest2@cc.pt.com

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		IST	
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 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.

 BARBARA N. FORREST
 Printed Name of Signer

 Signature of Appointed Treasurer

 7-6-09
 Date