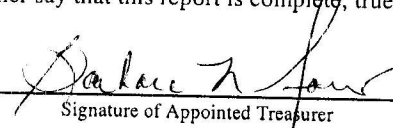


Statement of Organization - Candidate Committee

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			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
145 ASH ST CEDAR POINT NC 28584			
		e. Phone Number	
		252 393-8503	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
BARBARA N. FORREST			DEMOCRAT
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
145 ASH ST CEDAR POINT NC 28584		TOWN COMMISSIONER	CEDAR POINT
		(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 N. FORREST			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
145 ASH ST CEDAR POINT NC 28584			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252 393-8503	DAN54321@CAROLINE.NET		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
c. Phone Number	d. Email Address		
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.			
BARBARA N. FORREST			7-19-07
Printed Name of Signer		Signature of Appointed Treasurer	Date