

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.

| | |
|------------------------------|-----------------------------|
| Amendment | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|---|------------------|--|---------------------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| JAN DALE GARBER | | 4DR441 | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 100 TREASURE COVE NEWPORT NC 28570 | | 7-8-2009 | |
| | | e. Phone Number | |
| | | 252-723-2003 | |
| 2. Candidate Information | | <input type="checkbox"/> Candidate's Primary Committee | |
| a. Full Name | | c. Candidate ID Number | d. Party Affiliation |
| JAN DALE GARBER | | | REP. PART |
| b. Mailing Address (include City, State, and Zip Code) | | e. Office Sought | f. Jurisdiction |
| 100 TREASURE COVE NEWPORT NC 28570 | | COMMISSIONER | NEWPORT |
| <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 | |
| SAME | | SAME | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| SAME | | SAME | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| | | | |
| 5. Assistant Treasurer Information | | 6. Account Information (incl. CRO-3500) | |
| a. Full Name | | <input type="checkbox"/> Add | <input type="checkbox"/> Add |
| SAME | | <input type="checkbox"/> Remove | <input type="checkbox"/> Remove |
| b. Mailing Address (include City, State, and Zip Code) | | a. Financial Institution Full Name | |
| | | SAME | |
| | | 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. | | | |
| JAN GARBER | | | 7-8-2009 |
| Printed Name of Signer | | Signature of Appointed Treasurer | Date |