

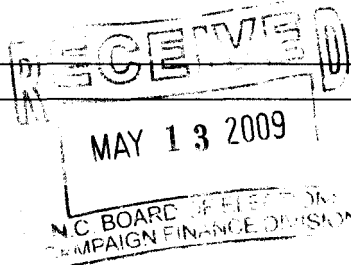
Statement of Organization - Candidate Committee

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 Friends of Travis Masters	c. ID Number
b. Mailing Address (include City, State and Zip Code) 103 Pirates Landing Drive Beaufort, N.C. 28516	d. Date Organized 5/4/2009
	e. Phone Number 252 725-9849

2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name Kenneth Travis Masters	c. Candidate ID Number	d. Party Affiliation Nonpartisan	
b. Mailing Address (include City, State, and Zip Code) 103 Pirates Landing Drive Beaufort, N.C. 28516	e. Office Sought Town Commisson	f. Jurisdiction Beaufort	
	<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>		

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Tracey Lynne Walker	d. Email Address tlynnewalker@yahoo.com	a. Full Name Tracey Lynne Walker	d. Email Address tlynnewalker@yahoo.com
b. Mailing Address (include City, State, and Zip Code) 208 Raleigh Ave. Morehead City, N.C. 28557		b. Mailing Address (include City, State, and Zip Code) 208 Raleigh Ave. Morehead City, N.C. 28557	
c. Phone Number 252 725-9849		c. Phone Number 252 725-9849	

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name Wachovia	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Depository	
c. Phone Number	d. Email Address	c. Account Code wach	d. Type 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.

Tracey Lynne Walker
Printed Name of Signer

Signature of Appointed Treasurer

5/10/2009
Date