



Amendment  
 Yes  No

**Statement of Organization - Candidate Committee 2010**

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	
James C. Nolan			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2510 Bridges ST Morehead City, NC 28557		3-9-10	
		e. Phone Number	
		240-1275	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
James Collins Nolan		U	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
2510 Bridges ST. Morehead City, NC 28557	US Senate		
(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		
James Nolan			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
Same			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-240-1275	Nolan_44@hotmail.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
		State Employees Credit Union	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		Nolan 44	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.			
James C. Nolan Printed Name of Signer		James Nolan Signature of Appointed Treasurer	3-9-10 Date