

Statement of Organization - Candidate Committee

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

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Jonathan Robinson			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
682 Seashore Atlantic, N.C.		2/27/06	
		e. Phone Number	
		225 5891	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Jonathan Robinson			Republican
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
682 Seashore Atlantic N.C.		Commissioner	6
<small>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</small>			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Nick Johnson		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
252 Dells Pl Beaufort N.C.			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
2474881			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type
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.			
<u>Nick Johnson</u> Printed Name of Signer		<u>Jonathan Robinson</u> Signature of Appointed Treasurer	<u>2/27/06</u> Date

RECEIVED
FEB 27 2006