

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	
Tyner for County Commissioner			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO 130 Woodland Dr. Swainsboro, NC 28584		25 Feb. 2010	
		e. Phone Number	
		342-3856 252-247-3700	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Tyner, Randolph Allison			Republican
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
130 Woodland Dr. Swainsboro, NC 28584		District 1 Commissioner	Dist. 1
(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	
Tyner, Randolph Allison		Tyner, Randolph Allison	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
130 Woodland Dr. Swainsboro, NC 28584		same	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
342-3856	N/A	same	N/A
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
N/A		SFCU	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
N/A			
c. Phone Number	d. Email Address	c. Account Code	d. Type
N/A	N/A		
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.			
R. A. Tyner		[Signature]	26 Feb. 2010
Printed Name of Signer		Signature of Appointed Treasurer	Date