-3 **Statement of Organization - Candidate Committee** Amendment I Yes 🗖 No Use this form to create a new or update an existing candidate committee 2007 NOV - 5 AM 10: 50 This form must be accompanied by forms CRO-3100 and CRO-3500 La Committee Information . Full Name c. ID Number 🚯 🏎 Kc - Elect Dence Mailing Address (Include City, State and Zip Code) -aud. 11 Jones P3Y2KY d. Date Organized 600 Susance Ct. 9/07 Kernerville, NC 27284 e. Phone Number 993.5070 Candidate Information . Full Name c. Candidate ID Number d. Party Affiliation Mailing Address (include City, State, and Zip Code) NON - Partisa P3Y2KY e. Office Sought L. Jurisdiction 600 SUSANNA Ct. Town of Kelnusille Alderman Kernesville, NC 27284 (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.) . Inclusion fulformation 10 STORE REALING . Full Name . Full Nam DUNA Audill Danc Caud-11 Junes b. Mailing Address (include City, State, and Zip Code) JONES o. Mailing Address (include City, State, and Zip Code) 600 SUSANNO Ct. LOOU SUSAAR Ct. Keinenville NC 27214 Kernusville NC 27284 Phone Number d. Email Address Phone Number d. Email Address 993.5070 dejone ecund 11s.com 993-5070 dejonese Cand. 110-com in the state of th Full Name Financial Institution Full Name BANILOF North Caplina b. Mailing Address (include City, State, and Zip Code) EXPENSES Charling, . Phone Number d. Email Address - Account Code Checkin 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. Signer (Juno) CRO-2100A NC State Board of Elections April 2007





North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

Amendmen

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

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Confidential Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution Address	Account Number	Account Code	
Cheelling	Bankut North Capline, Kernesall'e		001	
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.				
In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)				
Date Signed	Signature of	Signature of Candidate or Treasurer		
CRO-3500	Certification of Financial Account Information	June	2007	

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