

COPY

Statement of Organization - Candidate Committee

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 (when amending, only re-submit if applicable).

Amendment

☒ Yes

☐ No

1. Committee Information

a. Full Name

IRVING NEAL - Committee

c. ID Number

b. Mailing Address (include City, State and Zip Code)

484 Buckhurst Dr
Kernersville NC 27284

d. Date Organized

7.1.11

e. Phone Number

993 5425

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

James "IRVING" NEAL

c. Candidate ID Number

NC 0984

f. Party Affiliation

Rep

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

484 Buckhurst Dr Kernersville NC 27284

g. Office Sought

Alderman

c. Phone Number

993-5425

d. Email Address

James.neal@ncsbe.net

h. Next Election Year

2011

i. Jurisdiction

Kernersville

☒ Email copy of notices

3. Treasurer Information

a. Full Name

James Irving Neal

b. Mailing Address (include City, State, and Zip Code)

484 Buckhurst Dr
Kernersville NC 27284

c. Phone Number

993-5425

d. Email Address

James.neal@ncsbe.net

4. Custodian of Books Information

a. Full Name

Jim

b. Mailing Address (include City, State, and Zip Code)

I prefer to receive notices by email

☒ Yes ☐ No

☒ Email copy of notices

5. Assistant Treasurer Information

a. Full Name

None

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Southern Community Bank

b. Purpose

Campaign

c. Account Code

1106

d. Type

Checking

☐ Email copy of notices

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 Irving Neal

Printed Name of Signer

[Signature]

Signature of Appointed Treasurer

7.18.11

Date

COPY

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

Amendment

☐ Yes ☐ No

1. Committee Information	
a. Full Name <u>James Irving Neal, Council</u>	c. ID Number <u>WC0980</u>
b. Mailing Address (include City, State and Zip Code) <u>484 Buckhurst Ave</u> <u>Kennesaw, GA 30144</u>	d. Date Filed <u>7.18.11</u>
	e. Phone Number <u>993 5425</u>

2. Report Year <u>2011</u>	3. Period Start Date (mm/dd/yy) <u>7.1.11</u>	4. Period End Date (mm/dd/yy) <u>7.11.11</u>	5. Treasurer Full Name <u>James Irving Neal</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Southern Comm Bank</u>	a. Financial Institution Full Name		
b. Purpose <u>Campaign</u>	b. Purpose	c. Account Code <u>11.06</u>	c. Account Code
d. Period Begin Balance \$ <u>0</u>		d. Period Begin Balance \$	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 63 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 and that I have been trained by the NC State Board of Elections.

<u>James Irving Neal</u>	<u>[Signature]</u>	<u>7.18.11</u>
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: <u>7/18/11</u>	Employee: <u>Judy Spear</u>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

FORSYTH COUNTY
BOARD OF ELECTIONS

RECEIVED
2011 JUL 18 AM 9:35

Detailed Summary

Amendment

☐ Yes

☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
IRVING NEAL County		Organizational			
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0		\$ 0	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0		\$ 0	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$ 0	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	