

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

1. Committee Information			
a. Full Name		c. ID Number	
Bob Prescott for County Commissioner		1CQ 276	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
5708 Brightington CT KERNERSVILLE, NC 27284		2-13-12	
		e. Phone Number	
		336-310-4416	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Bob Prescott		1CQ 276	Republican
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
5708 Brightington CT		County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-310-4416	airebusbob@aol.com	2012	Dis B Forsyth
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
JAMES E. INGRAM			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
415 DOGWOOD TRAIL KERNERSVILLE, NC 27284			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
993-2515	jimona@tried.rr.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		BBT	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Reporting	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		BBT	checking
<input type="checkbox"/> 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.			
Bob Prescott		2-25-12	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

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 RECEIVED
 FORSYTH COUNTY
 BOARD OF ELECTIONS



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: BOB PRESCOTT
Treasurer Name: JIM INGRAM
Treasurer Address: 415 DOGWOOD TRAIL
(include city, state, & zip) KERNERSVILLE, NC 27284

Treasurer Phone: 336-993-2515

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

02/26/2012
Date Signed

Bob Prescott
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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