

# 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 <b>JAMES IRVING NEAL for Alderman</b>	c. ID Number <b>WCO 785</b>
b. Mailing Address (include City, State and Zip Code) <b>484 Buckhurst Dr Kernersville NC 27284</b>	d. Date Organized <b>7.5.13</b>
	e. Phone Number <b>993.5425</b>

### 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name <b>JAMES IRVING NEAL</b>	c. Candidate ID Number <b>WCO 785</b>	f. Party Affiliation  (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) <b>484 Buckhurst Dr Kernersville NC 27284</b>	g. Office Sought <b>Alderman</b>	
c. Phone Number <b>9935425</b>	d. Email Address <b>jirvingneal@gmail.com</b>	h. Next Election Year <b>2013</b>
<input type="checkbox"/> Email copy of notices		i. Jurisdiction <b>Town of Kernersville</b>

### 3. Treasurer Information

### 4. Custodian of Books Information

a. Full Name <b>JAMES IRVING NEAL</b>	a. Full Name <b>JAMES IRV.</b>
b. Mailing Address (include City, State, and Zip Code) <b>484 Buckhurst Dr Kernersville NC 27284</b>	b. Mailing Address (include City, State, and Zip Code)  
c. Phone Number <b>9935425</b>	c. Phone Number  
d. Email Address <b>jirvingneal@gmail.com</b>	d. Email Address  

I prefer to receive notices by email ☒ Yes ☐ No ☐ Email copy of notices

### 5. Assistant Treasurer Information

☐ Add  
☐ Remove

### 6. Account Information (incl. CRO-3500)

☐ Add  
☐ Remove

a. Full Name  	a. Financial Institution Full Name <b>Capital Bank</b>
b. Mailing Address (include City, State, and Zip Code)  	b. Purpose <b>Campaign Fund</b>
c. Phone Number  	c. Account Code <b>1034</b>
d. Email Address  	d. Type <b>Checking</b>
<input checked="" 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.

 Printed Name of Signer	<b>JAMES IRVING NEAL</b> Signature of Appointed Treasurer	<b>7.12.13</b> Date
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FORSYTH COUNTY  
BOARD OF ELECTIONS



COPY

2013 JUL 12 AM 10:34 North Carolina  
State Board of Elections  
RECEIVED 441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

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:

JAMES IRVING NEAL

Treasurer Name:

JAMES IRVING NEAL

Treasurer Address:

484 Buckhurst Dr

(include city, state, & zip)

Kernersville NC 27284

Treasurer Phone:

993.5425

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).

7-12-13

Date Signed

James I. Neal

Signature of Candidate

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