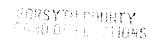
Amendment Yes No

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).

This form must be accompanied by forms Cico-5100 and Cic	O-3300 (which afficially, of	Ty to Buomit it applicable).
1. Committee Information		
a. Full Name	entre transcribing a transcrib	c. ID Number
JAMES IRVING NEAL for	Alderm	WC 0 785
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
484 Buckhurst Dr		7.5.13
Kernersville NC 27284	il	e. Phone Number
KERNERSVILL INC Q100	<i>r</i>	993.5425
2. Candidate Information	Candid	date's Primary Committee
a. Full Name	e. Candidate ID Number	f. Party Affiliation
JAMES JEVING NEAR	WCO 185	(Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
484 Buckhusst Wa Kernersvill NC 27284	Alderma	,
c . Phone Number d. Email Address	h. Next Election Year	i. Jurisdiction
9935425 jirving NEM @gmril. Com	2013	Term of Kernersvili
☐ Email copy of notices		
3. Treasurer Information	4. Custodian of Books Info	rmation 1
a. Pull Name	a. Full Name	
JAMES IRVING NEAR	JAMES IRV.	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City,	, State, and Zip Code)
484-Buckhuzst Ne	-	<u> </u>
Kennervill NC 27284		귀실
c. Phone Number d. Email Address	c. Phone Number d. Email /	Address
9935425 jirving New Ogmail. Gr		<u>r</u> 22
	☐ Email copy of notices	
	6. Account Information	
a, Full Name Remove	a. Financial Institution Full Name	
TO THE RESERVE OF THE	Capilal Bank	۷. +
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	
·	Carpagn K	Fund
c. Phone Number d. Email Address	c. Account Code d. Type	
<u> </u>		lecting
Email copy of notices		
I certify that the Committee or Fund is in compliance with al Chapter 163 of the NC General Statutes and that no funds ar I further certify that this report is complete, true and correct.	re commingled with prohibite	ed or other non-disclosed funds.
Printed Name of Signer Sign	TRVING NCA(7.12.13 Date
. //		







2013 JUL 12 AM 10: 34 North Carolina

RECEIVED

State Board of Elections 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 NEAR	
Treasurer Name:	JAMES IRVING NEAR	
Treasurer Address:	184 Buckhuest da	
(include city, state, & zip)	Kernersynle NC 27284	
٠.		
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

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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