## Statement of Organization - Candidate Committee

Is this state	ement:	REC	EIV	ED
New	Amen			A ALLEN AND A STATE OF

Use this form to create a new or update an existing candidate committee.

This form must be	accompanied by form CRO-3500. A	n amended form is required for	or each new election year.	DEC 0 9 201	
1. Committee Info					
a. Name of Committee			d. ID Number	Beaufort County	
(anm	Hee to Elect	JODAN FULL	15	Board of Election	
b. Mailing Address (in	clude City, State and Zip Code)	geny 12 Visio	e. Date Organized		
324	thee to Elect clude City, State and Zip Code) Sungside D.	~ WAShow for N	C 12-6-1	9	
c. Committee Website	(Optional)		f. Phone Number		
			252.995.	1610	
2. Candidate Infor	rmation				
a. Full Name		e. Party Affiliation			
10000	M'neal E Mile	Rock	liald		
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	Republican		
b. Maning Address (in	clude City, State, and Zip Code)	i. Office Sought			
		Commis.	sionen		
c . Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction		
	jerry o events Osm eport notices	41/			
☐ Email copy of r	aport notices	Ail: 2020			
3. Treasurer Infor		4. Assistant Treasure	r Information		
a. Full Name	mercu	a. Full Name	1 Amormation		
2000	2.001 E 14"	_			
JEMA	4 O'NEM EVAN				
	clude City, State, and Zip Code)		le City, State and Zip Code)		
3245UNN9	Side DaWAshopston	ne -			
c. Phone Number	d. Email Address	c. Phone Number d.	Email Address		
252945012	I jenryoeuns OsmAN	can -			
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Maria Control of the	No Email copy of repo	rt notices		
5. Custodian of Books Information (Keeper of Records)					
a. Full Name		a. Financial Institution Fu			
		First Cit	12 PNS DANK		
b. Mailing Address (in	clude City, State, and Zip Code)				
c. Phone Number	d. Email Address	b. Account Code c. '	Гуре		
☐ Email copy of	report notices				
I certify that the (	Committee is in compliance with all	applicable provisions of Artic	le 22A of Chapter 163 of th	ne NC	
	and that no funds are commingled w				
	plete, true and correct.	1			
JORRILL	D. EMNS	16 00 11 5 James	12.9	19	
Printer	d Name of Treasurer	Signature of Appointed Treasure	T Date	/	
111110	/	// //			
I certify that the in	formation above is correct, and I, as	the candidate, appoint said tre	easurer to personally fulfill	the	
duties and responsi	bilities imposed upon the appointed	treasurer and subject to the pe	enalties in Article 22A of C	hapter	
163 of the NC Gen	eral Statutes.	1			
Jenry	O. EVANS	Linner O. Filano	- 12.9-1	7	
Printed	Name of Candidate	Signature of Candidate	Date		