

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.

1. Committee Information			
a. Full Name		c. ID Number	
The Scott Dacey Committee		TCD H5A	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 15395 New Bern North Carolina 28561		January 1, 2010	
		e. Phone Number	
		(252) 349-0139	
2. Candidate Information		Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Scott Dacey		Republican	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
P.O. Box 15395 New Bern North Carolina 28561	County Commissioner - Dist. 4	Craven County	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name		
Jeannie Tyson	Jeannie Tyson		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
4507 West Fairway Drive Trent Woods North Carolina 28562	4507 West Fairway Drive Trent Woods North Carolina 28562		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(252) 633-5766	Tysonrealty@embarqmail.com	(252) 633-5766	Tysonrealty@embarqmail.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	Add Remove	a. Financial Institution Full Name	Add Remove
Scott Dacey		First First South Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
P.O. Box 15395 New Bern North Carolina 28561		Campaign Checking Account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
(252) 349-0139	scdacey@gmail.com	1	Checking
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.			
Jeannie Tyson Printed Name of Signer		Signature of Appointed Treasurer	
		Date	
		1.4.10	