



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.

**1. Committee Information**

a. Full Name

Tom Mark Campaign

c. ID Number

ECDWA2

b. Mailing Address (include City, State and Zip Code)

5504 Blackbeard Ln.  
New Bern, NC 28560

d. Date Organized

2/18/2010

e. Phone Number

252-635-6448

COPY

**2. Candidate Information**

Candidate's Primary Committee

a. Full Name

Tom Mark

c. Candidate ID Number

d. Party Affiliation

REP

b. Mailing Address (include City, State, and Zip Code)

5504 Blackbeard Ln.  
New Bern, NC 28560

e. Office Sought

Commissioner

f. Jurisdiction

1

*(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)***3. Treasurer Information**

a. Full Name

Pete Swank

**4. Custodian of Books Information**

a. Full Name

n/a

b. Mailing Address (include City, State, and Zip Code)

1416 Caracara Dr  
New Bern, NC 28560

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

252-638-9297

d. Email Address

prswank@suddenlink.net

c. Phone Number

d. Email Address

**5. Assistant Treasurer Information**

Add



Remove

a. Full Name

n/a

b. Mailing Address (include City, State, and Zip Code)

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

Add



Remove

a. Financial Institution Full Name

BB+T

b. Purpose

Campaign

c. Phone Number

d. Email Address

c. Account Code

1

d. Type

Checking

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22b, &amp; 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.

Peter J. Swank

Printed Name of Signer

Peter J. Swank

Signature of Appointed Treasurer

2/18/10

Date