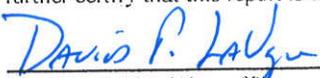
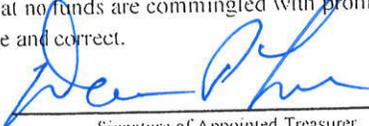


Statement of Organization - Candidate Committee

Amendment
 Yes No

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).

1. Committee Information		c. ID Number	
a. Full Name LaVigne for Board of Education		9CD5R8	
b. Mailing Address (include City, State and Zip Code) 4716 Trent Woods Dr. New Bern, NC 28562		d. Date Organized 2-28-12	
		e. Phone Number 252-633-5943	
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Dave LaVigne		e. Candidate ID Number 9CD5R8	f. Party Affiliation N/A <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 4716 Trent Woods Dr. New Bern, NC 28562		g. Office Sought Board of Education (3)	
c. Phone Number 633-5943	d. Email Address	h. Next Election Year 2016	i. Jurisdiction 3
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Dave LaVigne		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 4716 Trent Woods Dr. New Bern, NC 28562		b. Mailing Address (include City, State, and Zip Code) N/A	
c. Phone Number 633-5943	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code) N/A		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input 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		 Signature of Appointed Treasurer	
		2/28/12 Date	