

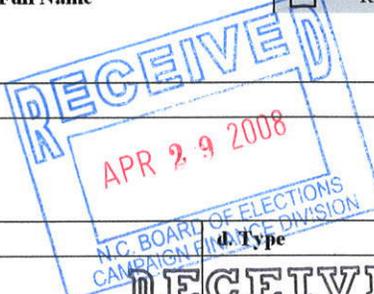
# Statement of Organization - Candidate Committee

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.

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Joseph L. Walton			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 156 Havelock, NC 28532		4/24/2008	
		e. Phone Number	
		252-447-6385	
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Joseph Louis Walton		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
142 Secretarial Drive Havelock, NC 28532	School Board	County	
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name		
Cynthia Denise Lemmon	Cynthia Denise Lemmon		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
600 Darkwood Drive Havelock, NC 28532	600 Darkwood Drive Havelock, NC 28532		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-444-5784	clemmon1@ec.rr.com	252-444-5784	clemmon1@ec.rr.com
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Edith Louise Scott			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
D-38 Craven Terrace New Bern, NC 28560			
c. Phone Number	d. Email Address	c. Account Code	d. Type
252-636-2390			




**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.

Cynthia Denise Lemmo
*Cynthia Denise Lemmo*
4/24/2008

Printed Name of Signer
Signature of Appointed Treasurer
Date