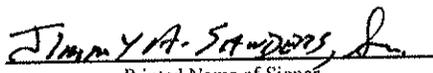
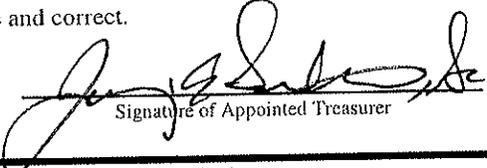


# Statement of Organization - Candidate Committee

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	
Jimmy A. Sanders, Sr. for Mayor		MCDS55	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
203 Farina Dr. Havelock, NC 28532		06/07/09	
		e. Phone Number	
		252-447-1971	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Jimmy A. Sanders, Sr.			Nonpartisan
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
203 Farina Dr. Havelock, NC 28532		Mayor of Havelock	Hav
		<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	
Jimmy A. Sanders, Sr.		Jimmy A. Sanders, Sr.	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
203 Farina Dr. Havelock, NC 28532		203 Farina Dr. Havelock, NC 28532	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-447-1971	jsanders2@ec.rr.com	252-447-1971	jsanders2@ec.rr.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
n/a			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
n/a			
c. Phone Number	d. Email Address	c. Account Code	d. Type
n/a	n/a		
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	7-6-9 Date