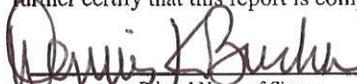


Statement of Organization - Candidate Committee

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.

Amendment
 Yes No

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Denny Bucher		TCDQGD	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
209 Appenzell Ln New Bern NC 28562			
		e. Phone Number	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Denny Bucher		TCDQGD	NON
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
209 Appenzell Ln New Bern NC 28562		Alderman Ward 3	New Bern
		(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	
Marilyn Reynolds		Marilyn Reynolds	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
909 Taberna Circle New Bern, NC 28562		909 Taberna Circle New Bern, NC 28562	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252 634 9923	denny@familytirc.com	252 634 9923	
5. Assistant Treasurer Information		6. Account Information	
a. Full Name		a. Financial Institution Full Name	
N/A		BRANCH BANKING & TRUST	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
N/A			
c. Phone Number	d. Email Address	c. Account Code	d. Type
			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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		07/20/09 Date	