

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	
Johnnie Ray Kinsey Alderman Ward 4		DCD7HO	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
824 Halifax Circle New Bern, NC 28562			
		e. Phone Number	
		252-638-5805	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Johnnie Ray Kinsey	DCD7HO	NON	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
824 Halifax Circle New Bern, NC 28562	City of New Bern Alderman Ward 4	NB	
<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	
George Newkirk		George Newkirk	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2130 Old Airport Rd New Bern, NC 28562		2130 Old Airport Rd New Bern, NC 28562	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-633-5838	n/a	252-633-5838	n/a
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
n/a		Wachovia	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
n/a		Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
n/a	n/a	1	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.			
George Newkirk		8-4-09	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	