

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Irving (Bud) Van Slyke, Jr.		JCDXPI	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
323 Lakemere Dr New Bern, NC 28502		07/08/09	
		e. Phone Number	
		252-634-9050	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Irving (Bud) Van Slyke, Jr.			Nonpartisan
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
323 Lakemere Dr New Bern, NC 28502		Councilman of River Bend	AB
		<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	
Irving (Bud) Van Slyke, Jr.		Irving (Bud) Van Slyke, Jr.	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
323 Lakemere Dr New Bern, NC 28502		323 Lakemere Dr New Bern, NC 28502	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-634-9050	brmvanslyke@suddenlink.net	252-634-9050	brmvanslyke@suddenlink.net
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
n/a		n/a	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
n/a		n/a	
c. Phone Number	d. Email Address	c. Account Code	d. Type
n/a	n/a	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.			
Irving J. Van Slyke, Jr.		7-8-09	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	