

Amendment

 Yes No**Statement of Organization - Candidate Committee****COPY**

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 Jack Ingle for Council		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 6840 Greenbrook Drive Clemmons, NC 27012		d. Date Organized 6/18/2011	
		e. Phone Number 336.778.2766	
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name Jack R Ingle, Jr		c. Candidate ID Number	d. Party Affiliation Non-Partison
b. Mailing Address (include City, State, and Zip Code) 6840 Greenbrook Drive Clemmons, NC 27012		e. Office Sought Councilman	f. Jurisdiction Clemmons
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Jack R Ingle, Jr		a. Full Name Jack R Ingle, Jr	
b. Mailing Address (include City, State, and Zip Code) 6840 Greenbrook Drive Clemmons, NC 27012		b. Mailing Address (include City, State, and Zip Code) 6840 Greenbrook Drive Clemmons, NC 27012	
c. Phone Number 336.778.2766	d. Email Address inglejr26@att.net <i>Yes to rcv. Notices by email</i>	c. Phone Number 336.778.2766	d. Email Address inglejr26@att.net
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign contributions/expense	
c. Phone Number 336.778.2766	d. Email Address inglejr26@att.net	c. Account Code JIFC	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.			
Jack R. Ingle, Jr. Printed Name of Signer		<i>Jack R Ingle, Jr</i> Signature of Appointed Treasurer	6/18/2011 Date



COPY

**North Carolina
State Board of Elections**

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name:	<u>Jack R. Ingle, Jr.</u>	9D RECEIVED JUN 10 AM 9:29 BOARD OF ELECTIONS STATE OF NORTH CAROLINA
Treasurer Name:	<u>Jack R. Ingle, Jr.</u>	
Treasurer Address:	<u>6840 Greenbrook Drive</u>	
(include city, state, & zip)	<u>Clemmons, NC 27012</u>	
Treasurer Phone:	<u>336.778.2766</u>	

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

6/10/2011
Date Signed

Jack R. Ingle, Jr.
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: Jack Ingle for Council
Treasurer Name: Jack R Ingle, Jr
Treasurer Address: 6840 Greenbrook Dr.
(include city, state, & zip) Clemmons, NC 27012
Treasurer Phone: 336.778.2766

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I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number an "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all monies of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other monies.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	First Citizens Bank	3001 Trenwest Drive W-S, NC 27103	[REDACTED]	JIFC

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

6/10/2011
Date Signed

Jack R Ingle, Jr
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)



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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Jack R. Ingle, Jr.
Committee Name: Jack Ingle for Council
Treasurer Name: Jack R. Ingle, Jr.
If Candidate is own treasurer, designate an agent to carry out designations: John A. Richardson
Committee ID #: _____
Level Registered: [State] [County] If county, specify: _____

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I, Jack R. Ingle, Jr., hereby direct that in the event of the death or incapacity of the
(Name of candidate or estate representative)
aforementioned candidate, all funds remaining in the Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Contributors</u>	To be refunded to contributors
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the committee records.

Signature of Candidate or Representative: Jack R Ingle, Jr Date: 6-10-2011
If signed by an estate representative, indicate the date of candidate's death: _____

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.