

COPY

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 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name Rick Nick Nelson for Council			c. ID Number HCQ345		
b. Mailing Address (include City, State and Zip Code) 140 Almont Forest Dr. Clemmons NC 27012			d. Date Organized 7/1/11		
			e. Phone Number 336 926 9722		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name Nicholas Brett Nelson		e. Candidate ID Number HCQ345		f. Party Affiliation NIP <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code) 140 Almont Forest Dr. Clemmons NC 27012		g. Office Sought Clemmons Village Council			
c. Phone Number 336 926 9722	d. Email Address nn.kensington@gmail.com	h. Next Election Year 2011		i. Jurisdiction Clemmons	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name Justin Osborn			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 140 Almont Forest Dr. Clemmons NC 27012			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 336 608 8067	d. Email Address justin@bluemoonbenefits.com		c. Phone Number	d. Email Address	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name Wachovia		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose Campaign Finance		
c. Phone Number	d. Email Address		c. Account Code 5678	d. Type Checking	
<input type="checkbox"/> Email copy of notices					
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.					
Justin Osborn Printed Name of Signer		Justin Osborn Signature of Appointed Treasurer		7-8-11 Date	

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 DISTRICT COUNTY



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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: Nick Nelson
Treasurer Name: Justin Osborn
Treasurer Address: 140 Albemarle Forest Dr.
(include city, state, & zip) Clemmons NC 27012
Treasurer Phone: 336 608 8067

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FORSYTH COUNTY
BOARD OF ELECTIONS

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).

7/7/11
Date Signed

[Signature]
Signature of Candidate

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