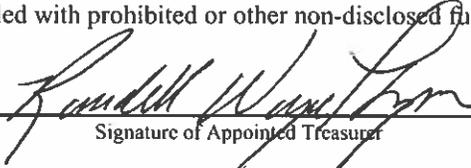


Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
The Committee To Elect Randy Thompson Thompson			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
6784 Waterstone Crossing SW Ocean Isle Beach, NC 28469		May 14, 2013	
c. Committee Website (Optional)		f. Phone Number	
		910-398-1818	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Randell Wayne Thompson		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
6784 Waterstone Crossing SW Ocean Isle Beach, NC 28469		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-398-1818	rthompson@atmc.net	2026	District One
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Randell Wayne Thompson			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
6784 Waterstone Crossing SW Ocean Isle Beach, NC 28469			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-398-1818	rthompson@atmc.net		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Randell Wayne Thompson		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)			
6784 Waterstone Crossing SW Ocean Isle Beach, NC 28469			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910-398-1818	rthompson@atmc.net	005	Checking
<input checked="" type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p> _____ Printed Name of Treasurer  Signature of Appointed Treasurer _____ Date </p>			
<p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p> _____ Printed Name of Candidate _____ Signature of Candidate _____ Date </p>			