## Statement of Organization - Candidate Committee 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 a

Amendment Yes No

	accompanied by forms CRO-3100 and C.						
1. Committee Info	rmation was to be the state of		ti zhi-g	AM PASSED S.	33 m 1 1 1 1 2 m 2 1 1 2	5	
a. Full Name					c. ID Number		
LAYYON 5 Dalely				1			
b. Mailing Address (in		d. Date Organiz		ganized			
5-04-1	RED MITED,			4-1:	4-11		
				e. Phone N			
Rouge	EMONT NC. 275	77		1/1-1			
"ougz	-MONY IXC. C/2	12		477	-6413		
2. Candidate Infor	mation		Candid	date's Primary	Committee		
a. Full Name		e. Candidate ID Num	c. Candidate ID Number f. P.		. Party Affiliation		
b M-11: A 11 (1	0.00	(Indicate Non-partican if applicab			cable)		
b. Mailing Address (inc	g. Office Sought						
-			11	V-PERSC	) <b>/</b> !		
c . Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	JUL 18 2011		
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Email copy of				urham bo	Jt.		
3. Treasurer Infor	4. Custodian of Books Information						
a. Full Name	a. Full Name						
Lauton	& Oakley						
b. Mailing Address (inc	b. Mailing Address (include City, State, and Zip Code)						
9							
c. Phone Number	T. F	. Di N	4 5				
c. Fnone Number	d. Email Address		c. Phone Number d. Email				
I profes to secons	e notices by email Yes N	o Fmail conv	of notice	26			
I prefer to receive  5. Assistant Treas	Email copy of notices  6. Account Information (incl. CRO-3500)						
a. Full Name	a. Financial Institution Full Name						
a. Full Name	Kemove ( )	3 a. Financiai institutio	n ruij Ram	116	L Romoye	MARIE	
b. Mailing Address (inc	b. Purpose						
b. Maining Address (int	b. Tul pose						
	FAME						
	To an arrangement of the control of		<del></del>				
c. Phone Number	d. Email Address	c. Account Code	d. Type				
		4					
Email copy of							
CERTIFICATION		11 1			D 6 00D 003 (		
•	Committee or Fund is in compliance with						
-	e NC General Statutes and that no funds	_	n pronibit	tea or other no	n-disclosed fur	nas.	
i further certify th	nat this report is complete, true and corre	CT.		1			
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LAYFO	ed Name of Signer	inature of Appointed Tr	ageurer .	y	7-18-11	_	
Print	ed Name of Signer	gnature of Appointed Tr	casurer	6	Date		