

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	
Committee To Elect K. Ray BAILEY			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 544 Fairview, NC 28730		02/01/08	
		e. Phone Number	
		828-273-1921	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
K. Ray BAILEY		Democrat	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
34 SHARON DRIVE FAIRVIEW, NC 28730	Burlcombe County Commissioner		
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name		
Kimberly G. Plemmons			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
347 CLAYTON AVE. ASHEVILLE, NC 28806			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-253-8510	kim.plemmons@wachovia.com		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
ELIZABETH A. BAILEY		WACHOVIA BANK NA	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
1567 WILBURN PARK LAWN CHARLOTTE, NC 28269		Candidate Committee	
c. Phone Number	d. Email Address	c. Account Code	d. Type
828-230-5600	elizabeth.bailey@wachovia.com	2000036876154	Custom Business 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.			
Kimberly G. Plemmons		Kimberly G. Plemmons	2/11/08
Printed Name of Signer		Signature of Appointed Treasurer	Date