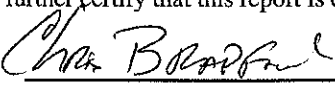



# Statement of Organization - Candidate Committee

Amendment	
<input checked="" 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 <del>Elect</del> Elect Bradford for School Board		EDH 7F9	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
222 A Varden Place		8/13/08	
SWANNAHA NC 28778		e. Phone Number	
		828 686 4371	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Christopher James Bradford		EDH 7F9	NON Partisan
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	
222A Varden Place		Board of Education	
SWANNAHA NC 28778		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
f. Jurisdiction			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Christopher James Bradford			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
222 A Varden Place			
SWANNAHA, NC 28778			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-686-4371	Chris.b 7275 netzero.com		
5. Assistant Treasurer Information		<input type="checkbox"/> Add	
a. Full Name		<input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		6. Account Information (and CRO-3500)	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
c. Phone Number		a. Financial Institution Full Name	
d. Email Address		b. Purpose	
		c. Account Code	
		d. Type	
<b>CERTIFICATION</b>			
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		8/13/08 Date	