

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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 Re-Elect Otto W. DeBruhl		240506772	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
425 Riverview Church Road Asheville NC 28806		02/13/2008	
		e. Phone Number	
		828-258.8845	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Otto W. DeBruhl		240506772	Democrat
b. Mailing Address (include City, State, and Zip Code)		c. Office Sought	f. Jurisdiction
425 Riverview Church Road Asheville NC 28806		Register of Deeds	Buncombe Co
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
JoAnn Morgan		JoAnn Morgan	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
141 Flint Hill Road Alexander NC 28701		141 Flint Hill Road Alexander NC 28701	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828.645.9424	JM15450@ dishmail.net		
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
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.			
_____ JoAnn Morgan Printed Name of Signer		_____ Signature of Appointed Treasurer	_____ 2/12/08 Date