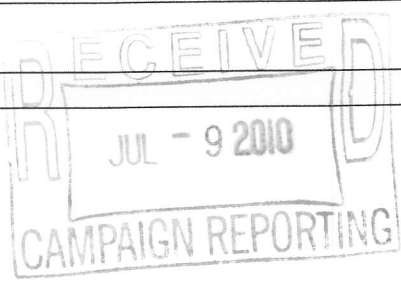


Statement of Organization - Candidate Committee

Amendment
 Yes 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 Committee to Elect Chuck Radford	c. ID Number
b. Mailing Address (include City, State and Zip Code) 14 Cherokee Orchard Ct. Fairview, NC 28730	d. Date Organized 6/25/2010
	e. Phone Number 828 230-4306

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Chuck Radford	c. Candidate ID Number	d. Party Affiliation Nonpartisan	
b. Mailing Address (include City, State, and Zip Code) 115 Stonecrest Drive Asheville, NC 28803	e. Office Sought Buncombe County School Board		f. Jurisdiction
	<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>		

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Timothy Towery	d. Email Address towerybuilders@charter.net	a. Full Name Timothy Towery	d. Email Address same
b. Mailing Address (include City, State, and Zip Code) 14 Cherokee Orchard Ct. Fairview, NC 28730	c. Phone Number 828 230-4306	b. Mailing Address (include City, State, and Zip Code) Same	c. Phone Number same

5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name Asheville Savings Bank	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Acct	
c. Phone Number	d. Email Address	c. Account Code A	d. Type 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.

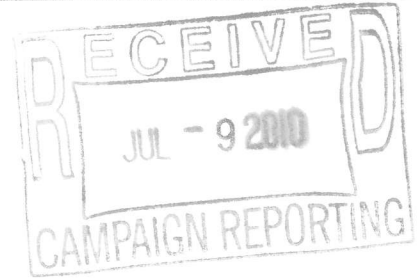
Timothy Towery
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

7/2/10
 Date



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603



Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Chuck Radford

Committee Name: Committee to Elect Chuck Radford

Treasurer Name: Tim Towery

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Buncombe

I, Chuck Radford, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
 funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>The Community Foundation of WNC</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

Date: JULY 7, 2010

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.