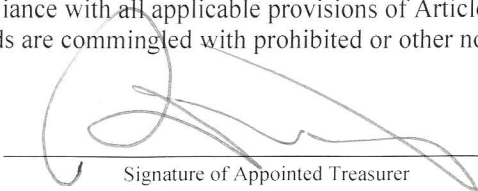


Statement of Organization - Political Action Committee

Amendment
 Yes No

Use this form to create a new or update an existing political action committee (PAC).
 This form must be accompanied by form CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
Buncombe Forward			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
16 Glen Cove Drive Arden, NC 28704		Jan. 20, 2011	
		e. Phone Number	
		828-280-1792	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input checked="" type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input type="checkbox"/> Other / Not listed			
b. Type (Check only one)		b. Mailing Address (include City, State, and Zip Code)	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose			
c. Definition of Type		c. Phone Number	
liberty candidates			
		d. Relationship	
b. Type (Check only one)		d. Member Definition	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose			
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name		a. Full Name	
Robert Malt		Robert Malt	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
16 Glen Cove Drive Arden, NC 28704		16 Glen Cove Drive Arden, NC 28704	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-280-1792	rmalt22@gmail.com	828-280-1792	rmalt22@gmail.com
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Betty Jackson		BB&T	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
214 Scottlynn Dr. Asheville, NC 28806		checking account to collect contributions and make distributions	
c. Phone Number	d. Email Address	c. Account Code	d. Type
828-259-9160	bettyjackson@charter.net	BF1	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.			
Robert Malt Printed Name of Signer		 Signature of Appointed Treasurer	
		1/28/2011 Date	