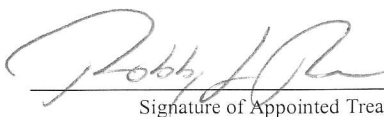


Statement of Organization - Referendum Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to create a new or update an existing referendum committee.
 This form must be accompanied by form CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
Join Our Buncombe Soutlion (J.O.B.S.)			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
c/o Robby Russell Wachovia Bank One Haywood Street Asheville, NC		03/31/2011	
		e. Phone Number	
		28802	
2. Referendum Information			
a. Full Name		b. Date of Referendum	c. Declaration
1/4 of 1% A-B Tech Sales Tax Investment			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Robby Russell		Robby Russell	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Wachovia Bank One Haywood Street Asehville, NC 28802		Wachovia Bank One Haywood Street Asheville, NC 28802	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-232-3900	robby.russell@wellsfargo.com	828-232-3900	robby.russell@wellsfargo.com
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	b. Purpose
Scott McKinney		Wachovia Bank	Fun for Referendum
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	
340 Victoria Road Asheville, NC 28801		001	
c. Phone Number	d. Email Address	d. Type	
828-254-1921	smckinney@abtech.edu	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.			
Robby Russell			07/29/2011
Printed Name of Signer		Signature of Appointed Treasurer	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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

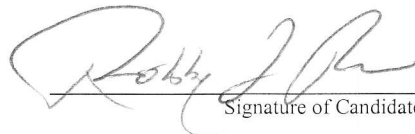
Candidate Name: Join Our Buncombe Solution (J.O.B.S.)
Treasurer Name: Robby Russell
Treasurer Address: One Haywood Street
(include city, state, & zip) Asheville, NC
28802
Treasurer Phone: 828-232-3900

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

07/29/2011

Date Signed


Signature of Candidate

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



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Raleigh, NC 27603

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(919) 733-7173
Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: Join Our Buncombe Solution (J.O.B.S.)
Treasurer Name: Robby Russell
Treasurer Address: One Haywood Street
(include city, state, & zip) Asheville, NC 28802
Treasurer Phone: 828-232-3900

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number an "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all monies of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other monies.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Wachovia	One Haywood Street	[REDACTED]	001

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

07/29/2011

Date Signed

Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

