

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 (when amending, only re-submit if applicable).

| | | | | | |
|---|--|----------------------------------|---|-----------------------|--|
| 1. Committee Information | | | | | |
| a. Full Name | | | | c. ID Number | |
| BOB KNAPP FOR COUNTY COMMISSION | | | | | |
| b. Mailing Address (include City, State and Zip Code) | | | | d. Date Organized | |
| 3 LANDSDOWNE COURT ASHEVILLE, NC 28803 | | | | JANUARY 12, 2012 | |
| | | | | e. Phone Number | |
| | | | | 828-505-4210 | |
| 2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee | | | | | |
| a. Full Name | | | e. Candidate ID Number | | f. Party Affiliation |
| ROBERT W. KNAPP | | | | | REPUBLICAN <small>(Indicate Non-partisan if applicable)</small> |
| b. Mailing Address (include City, State, and Zip Code) | | | g. Office Sought | | |
| 3 LANDSDOWNE COURT ASHEVILLE, NC 28803 | | | COMMISSIONER OF BUNCOMBE COUNTY | | |
| c. Phone Number | | d. Email Address | | h. Next Election Year | i. Jurisdiction |
| 828-505-4210 | | BOBKNAPPCA@AOL.COM | | | |
| <input checked="" type="checkbox"/> Email copy of notices | | | | | |
| 3. Treasurer Information | | | 4. Custodian of Books Information | | |
| a. Full Name | | | a. Full Name | | |
| ROBERT W. KNAPP | | | ROBERT W. KNAPP | | |
| b. Mailing Address (include City, State, and Zip Code) | | | b. Mailing Address (include City, State, and Zip Code) | | |
| 3 LANDSDOWNE COURT ASHEVILLE, NC 28803 | | | 3 LANDSDOWNE COURT ASHEVILLE, NC 28803 | | |
| c. Phone Number | | d. Email Address | | c. Phone Number | |
| 828-505-4210 | | BOBKNAPPCA@AOL.COM | | 828-505-4210 | |
| I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices | | | | | |
| 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 |
| BANK | | | WELLS FARGO BANK, N.A. | | |
| b. Mailing Address (include City, State, and Zip Code) | | | b. Purpose | | |
| 1733 HENDERSONVILLE ROAD ASHEVILLE, NC 28803 | | | CAMPAIGN BANK ACCOUNT | | |
| c. Phone Number | | d. Email Address | | c. Account Code | |
| 828-225-2262 | | CJEFF.HILL@WELLS FARGO.COM | | 10415 | |
| <input type="checkbox"/> Email copy of notices | | | | | |
| 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 W. KNAPP | | Robert W. Knapp | | January 12, 2012 | |
| 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: ROBERT W. KNAPP
Treasurer Name: ROBERT W. KNAPP
Treasurer Address: 3 LANDS DOWNE COURT
(include city, state, & zip) ASHEVILLE, NC 28803

Treasurer Phone: 828-505-4210

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).

January 12, 2012
Date Signed

Robert W. Knapp
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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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: Bob Knapp for County Commission
 Treasurer Name: ROBERT W. KNAPP
 Treasurer Address: 3 LANDSDOWNE COURT
 (include city, state, & zip) ASHEVILLE, NC 28803
 Treasurer Phone: 828-505-4210

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 a "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 moneys 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 moneys.

| Type of account | Financial Institution | Address | Account Number | Account Code |
|--------------------------|-----------------------|---|----------------|---------------|
| <u>Business checking</u> | <u>Wells Fargo</u> | <u>1733 Hendersonville Road Asheville, NC 28803</u> | [REDACTED] | <u>-10415</u> |
| | | | | |

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

January 12, 2012
 Date Signed

Robert W. Knapp
 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.)

 Date Signed

 Signature of Candidate or Treasurer