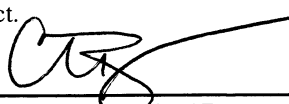


Statement of Organization - Candidate Committee

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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	
Campaign to Elect Buck Kennedy			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	e. Phone Number
c/o Faye Garner 117 Monabreeze Way Garner, NC 27529			
		919-630-1441	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Arthur L. Kennedy		nonpartisan	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
121 Monabreeze Way Garner, NC 27529	Garner Town Council		
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name		
Christopher R. Bruffey	Christopher R. Bruffey		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
3537 Wilfree Dr. Fuquay-Varina, NC 27526	3537 Wilfree Dr. Fuquay-Varina, NC 27526		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
7196301441	cbruffey@nc.rr.com	9196301441	cbruffey@nc.rr.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		North State Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	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.			
Christopher R. Bruffey Printed Name of Signer		 Signature of Appointed Treasurer	6/17/11 Date



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WAKE CO. BOARD OF ELECTIONS

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 eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Arthur L. Kennedy
Committee Name: Campaign To Elect Buck Kennedy
Treasurer Name: Christopher R. Bruffey
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: _____
Level Registered: [State] Wake [County] If county, specify: _____

I, Arthur L. Kennedy, 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Barbara J. Kennedy</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: Arthur L. "Buck" Kennedy
Date: June 17, 2011