

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 Nichols For County Commissioner		c. ID Number	
b. Mailing Address (include City, State and Zip Code) P.O. Box 2107 RALEIGH, NC 27602		d. Date Organized 2/26/10	
		e. Phone Number 919 755-0505	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name M. Jackson Nichols		c. Candidate ID Number	d. Party Affiliation DEMOCRAT
b. Mailing Address (include City, State, and Zip Code) 2501 KENMORE DRIVE RALEIGH, NC 27608		e. Office Sought COUNTY COMMISSIONER	f. Jurisdiction WAKE
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name WALTER C. DAVENPORT		a. Full Name WALTER C. DAVENPORT	
b. Mailing Address (include City, State, and Zip Code) 4929 HARBOUR TOWNE DR. RALEIGH, NC 27604		b. Mailing Address (include City, State, and Zip Code) 4929 HARBOUR TOWNE DR. RALEIGH, NC 27604	
c. Phone Number 919 755-1489	d. Email Address WCDAVENPORT@NC.RR.COM	c. Phone Number 919 755-1489	d. Email Address WCDAVENPORT@NC.RR.COM
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		a. Financial Institution Full Name MECHANICS AND FARMERS BANK	
c. Phone Number		b. Purpose TO RECEIVE AND EXPEND CAMPAIGN FUNDS	
d. Email Address		c. Account Code	d. Type
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.			
WALTER C. DAVENPORT		[Signature]	4/20/10
Printed Name of Signer		Signature of Appointed Treasurer	Date