

# COPY

## 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
DAN BESSE COMMITTEE	9C08C4
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
PO BOX 15306 WINSTON-SALEM, NC 27113	1/9/13
	e. Phone Number
	336-722-1674

### 2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
DAN BESSE		DEMOCRAT
		(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
PO BOX 15306 WINSTON-SALEM, NC 27113	CITY COUNCIL MEMBER	
c. Phone Number	d. Email Address	h. Next Election Year
		2013
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		WINSTON-SALEM

### 3. Treasurer Information

a. Full Name
JACK H. CAMPBELL, JR.
b. Mailing Address (include City, State, and Zip Code)
1208 BROOKSTOWN AVE WINSTON-SALEM, NC 27101
c. Phone Number
336-722-8328
d. Email Address
JACKCAMPBELL@TRIAD.RR.COM

### 4. Custodian of Books Information

a. Full Name
JACK H. CAMPBELL, JR.
b. Mailing Address (include City, State, and Zip Code)
1208 BROOKSTOWN AVE WINSTON-SALEM, NC 27101
c. Phone Number
336-722-8328
d. Email Address
JACKCAMPBELL@TRIAD.RR.COM

I prefer to receive notices by email ☒ Yes ☐ No☐ Email copy of notices

### 5. Assistant Treasurer Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

☐ Add  
☐ Remove

### 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name
NEWBRIDGE BANK
b. Purpose
GENERAL CAMPAIGN EXPENSES
c. Account Code
NB-1
d. Type
CHECKING

☒ Add  
☐ Remove☐ 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.

JACK H. CAMPBELL, JR.  
Printed Name of Signer

*Jack Campbell*  
Signature of Appointed Treasurer

5/29/13  
Date

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## Statement of Organization - Candidate Committee

Amendment

☒ Yes ☐ No

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<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
DAN BESSE COMMITTEE				9C08C4	
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
PO BOX 15306 WINSTON-SALEM, NC 27113				1/9/13	
				e. Phone Number	
				336-722-1674	
<b>2. Candidate Information</b> <span style="float: right;"><input checked="" type="checkbox"/> Candidate's Primary Committee</span>					
a. Full Name			e. Candidate ID Number		f. Party Affiliation
DAN BESSE					DEMOCRAT
			(Indicate Non-partisan if applicable)		
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
PO BOX 15306 WINSTON-SALEM, NC 27113			CITY COUNCIL MEMBER		
c. Phone Number	d. Email Address		h. Next Election Year		i. Jurisdiction
			2013		WINSTON-SALEM
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
JACK H. CAMPBELL, JR.			JACK H. CAMPBELL, JR.		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
1208 BROOKSTOWN AVE WINSTON-SALEM, NC 27101			1208 BROOKSTOWN AVE WINSTON-SALEM, NC 27101		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
336-722-8328	JACKCAMPBELL@TRIAD.RR.COM		336-722-8328	JACKCAMPBELL@TRIAD.RR.COM	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
			WELLS FARGO		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
			WBC	CHECKING	
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
JACK H. CAMPBELL, JR.					5/31/13
Printed Name of Signer			Signature of Appointed Treasurer		Date

CRO-2100A

NC State Board of Elections

July 2011