

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 | 2013 JUL 19 PM 1:14 | c. ID Number |
| DAN BESSE COMMITTEE | RECEIVED | 9C08C4 |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized |
| PO BOX 15306 WINSTON-SALEM, NC 27113 | | 1/18/01 |
| | | 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 |
| | | i. Jurisdiction |
| | | WINSTON-SALEM |
| <input type="checkbox"/> Email copy of notices | | |

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 |
| 336-687-0193 |
| 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 |
| 336-687-0193 |
| 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 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | |
| b. Mailing Address (include City, State, and Zip Code) | |
| | |
| c. Phone Number | d. Email Address |
| | |

6. Account Information (incl. CRO-3500)

| | |
|------------------------------------|---|
| a. Financial Institution Full Name | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| NEWBRIDGE BANK | |
| b. Purpose | |
| GENERAL CAMPAIGN EXPENSES | |
| c. Account Code | d. Type * |
| NB-1 | CHECKING |

☐ 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



Signature of Appointed Treasurer

7/15/13

Date