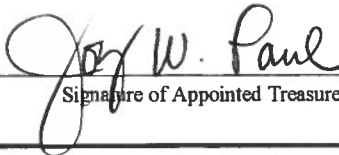


Statement of Organization - Candidate Committee

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> 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		
COMMITTEE TO ELECT TONY BRASWELL			ZGHS15		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
625 MEANDER WAY BENSON, NC 27504			2/16/2018		
			e. Phone Number		
			919-938-2509		
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
JIMMY G BRASWELL				REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
1170 GOR-AN FARM ROAD SELMA, NC 27576		COUNTY COMMISSIONER			
c. Phone Number	d. Email Address		h. Next Election Year		i. Jurisdiction
919-669-6598	tony@legendsrealestatellc.com		2018		DISTRICT 6
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
JOY W PAUL			JOY W PAUL		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
625 MEANDER WAY BENSON, NC 27504			625 MEANDER WAY BENSON, NC 27504		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
919-938-2509	joywpaul@earthlink.net		919-938-250	joywpaul@earthlink.net	
I prefer to receive my notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information		<input type="checkbox"/> Add		6. Account Information (incl. CRO-3500)	
a. Full Name		<input type="checkbox"/> Remove		<input type="checkbox"/> Add	
				<input type="checkbox"/> Remove	
		FIRST CITIZENS BANK			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
		CHECKING ACCOUNT FOR COMMITTEE			
c. Phone Number	d. Email Address		c. Account Code		d. Type
			1		CHECKING
<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.					
JOY W PAUL				2-26-2018	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: JIMMY G BRASWELL

Treasurer Name: JOY W PAUL

Treasurer Address: 625 MEANDER WAY
(include city, state, & zip) BENSON, NC 27504

Treasurer Phone: 919-255-0990

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).

2-26-2018
Date Signed

Jimmy Braswell
Signature of Candidate