

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	
JOSEPH PAUL BUCHANAN		DZYKCV	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
108 HUDSON LANE JACKSONVILLE NC 28540		02/13/2012	
		e. Phone Number	
		910-330-8407	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
JOSEPH PAUL BUCHANAN		DZYKCV	REPUBLICAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
108 HUDSON LANE JACKSONVILLE NC 28540		Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910-330-8407	JBUCHANAN6@cc.nc.com	2012	ONslow
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
JOSEPH PAUL BUCHANAN		SAME	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
108 HUDSON LANE JACKSONVILLE NC 28540		SAME	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-330-8407	JBUCHANAN6@cc.nc.com	SAME	SAME
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.			
JOSEPH PAUL BUCHANAN		Joseph Paul Buchanan	02/13/2012
Printed Name of Signer		Signature of Appointed Treasurer	Date



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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(919) 733-7173
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Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

FILED BY:

Committee Name: PAUL BUCHANAN FOR COUNTY COMMISSIONER
Treasurer Name: JOSEPH PAUL BUCHANAN
Treasurer Address: 108 HUDSON LANE
(include city, state, & zip) JACKSONVILLE NC 28540

Treasurer Phone: 910-330-8407

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100) must accompany this form.

02/13/2012
Date Signed

Joseph Paul Buchanan
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.