

**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).

|   |                           |  |  |
|---|---------------------------|--|--|
| <b>1. Committee Information</b>   |                           |  |  |
| a. Full Name  |                           | c. ID Number   |  |
| Lisa Brown for Clerk of Court   |                           |  |  |
| b. Mailing Address (include City, State and Zip Code)   |                           | d. Date Organized                                      |  |
| 314 Country Club Drive<br>Jacksonville NC 28546   |                           | 5-21-13  |  |
|   |                           | e. Phone Number  |  |
|   |                           | 910-346-5575   |  |
| <b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee  |                           |  |  |
| a. Full Name  |                           | e. Candidate ID Number                                 | f. Party Affiliation   |
| Lisa Milligan Brown   |                           |  | Republican<br><small>(Indicate Non-partisan if applicable)</small> |
| b. Mailing Address (include City, State, and Zip Code)  |                           | g. Office Sought                                       |  |
| 314 Country Club Dr<br>Jacksonville NC 28546  |                           | Clerk of Superior Court                                |  |
| c. Phone Number   | d. Email Address          | h. Next Election Year                                  | i. Jurisdiction  |
| 910-346-5575  | lisabrownesc@gmail.com    | 2014   | Onslow County  |
| <input checked="" type="checkbox"/> Email copy of notices   |                           |  |  |
| <b>3. Treasurer Information</b>   |                           | <b>4. Custodian of Books Information</b>               |  |
| a. Full Name  |                           | a. Full Name   |  |
| Holly Charlene Hale   |                           | Holly Charlene Hale                                    |  |
| b. Mailing Address (include City, State, and Zip Code)  |                           | b. Mailing Address (include City, State, and Zip Code) |  |
| 212 Murifield Drive<br>Jacksonville NC 28540  |                           | 212 Murifield Drive<br>Jacksonville NC 28540           |  |
| c. Phone Number   | d. Email Address          | c. Phone Number  | d. Email Address   |
| 703-615-4512  | hollycharlene@hotmail.com | 703-615-4512   | hollycharlene@hotmail.com  |
| I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices   |                           |  |  |
| <b>5. Assistant Treasurer Information</b>   |                           | <b>6. Account Information (incl. CRO-3500)</b>         |  |
| a. Full Name  |                           | a. Financial Institution Full Name                     | <input type="checkbox"/> Add <input type="checkbox"/> Remove       |
| N/A   |                           | First Citizens   | <input type="checkbox"/> Add <input type="checkbox"/> Remove       |
| b. Mailing Address (include City, State, and Zip Code)  |                           | b. Purpose   |  |
|   |                           | Campaign expenses                                      |  |
| c. Phone Number   | d. Email Address          | c. Account Code  | d. Type  |
|   |                           |  | 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. |                           |  |  |
| Holly C. Hale   |                           |  | 3/17/14  |
| Printed Name of Signer  |                           | Signature of Appointed Treasurer                       | Date   |

RECEIVED  
 MAR 17 2014

BY:.....