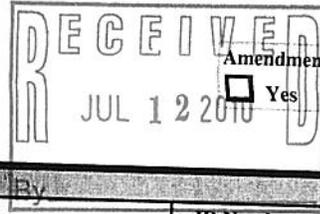


Statement of Organization - Candidate Committee

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.



Amendment Yes No

1. Committee Information

a. Full Name Friends of Cliff Isaac		c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 626 Conover, Nc 28613		d. Date Organized 7-2-2010
		e. Phone Number 828 3021293

2. Candidate Information

<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name Clifford Dale Isaac	c. Candidate ID Number VDUZAK	d. Party Affiliation REP
b. Mailing Address (include City, State, and Zip Code) PO Box 626 Conover, Nc 28613	e. Office Sought Soil & Water Cons. Super.	f. Jurisdiction CAT
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

3. Treasurer Information

a. Full Name JOHN JAY CLINE
b. Mailing Address (include City, State, and Zip Code) 509 5TH AVE NE CONOVER NC 28612
c. Phone Number 828-234-6418
d. Email Address cline@charter.net

4. Custodian of Books Information

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

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 Peoples Bank	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose Free Checking Account	
c. Account Code	d. Type Checking

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.

JOHN JAY CLINE
Printed Name of Signer

Signature of Appointed Treasurer

7-12-2010
Date



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

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification of Treasurer

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

FILED BY:

Candidate Name: Friends of Cliff Isaac

Treasurer Name: JOHN JAY CLINE

Treasurer Address: 509 5TH AVE NE

(include city, state, & zip) CONOVER, NC 28613

Treasurer Phone: 828-234-6418

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).

7-18-2010
 Date Signed

Clifford D. Isaac
 Signature of Candidate

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



North Carolina
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506 N Harrington Street
Raleigh, NC 27603

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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Cliff Isaac
Committee Name: Friends of Cliff Isaac
Treasurer Name: _____
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: _____
Level Registered: [State] [County] If county, specify: CATAWBA

I, Cliff Isaac, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Boy Scouts of America</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Cliff Isaac
Date: 7-14-2010

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