

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		c. ID Number
Chris "Chopper" Fulbright for Soil and Water		8DVAAH6
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
2655 Balls Creek Rd Newton, NC 28658		7-1-10
		e. Phone Number
		(828) 464-7666

2. Candidate Information

Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
Chris Fulbright	8DVAAH6	
b. Mailing Address (include City, State) and Zip Code	e. Office Sought	f. Jurisdiction
2655 Balls Creek Rd Newton, NC 28658	Soil and Water Conservation	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

3. Treasurer Information

a. Full Name
Chris Fulbright
b. Mailing Address (include City, State, and Zip Code)
2655 Balls Creek Rd Newton, NC 28658
c. Phone Number
(828) 464-7666
d. Email Address

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

Add
 Remove

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

6. Account Information (incl. CRO-3500)

Add
 Remove

a. Financial Institution Full Name
b. Purpose
c. Account Code
d. Type

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.

Chris Fulbright

Printed Name of Signer

Signature of Appointed Treasurer

7-1-10

Date

Affidavit Attesting to Nickname
(NCGS § 163-106(a))

I, GLENN FULBRIGHT have been duly sworn, hereby state under oath that I have been
(Legal name)
commonly known by the nickname, CHRIS CHOPPER, for at least five years and
request that my name be placed on the ballot as follows: Chris (Chopper) Fulbright.
(Name to appear on ballot)

In the event that another candidate with the same last name as mine files notice of candidacy for
the same office for which I am a candidate, my name should be listed on the ballot as follows:

Chris Chopper Fulbright
(Legal name and nickname)

Glenn Fulbright
(Signature - legal name)

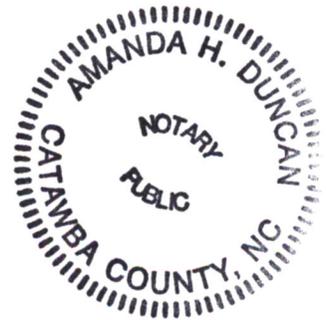
I hereby certify that Glenn Fulbright, the candidate who signed above,
personally signed in my presence.

Sworn to and subscribed before me this 1 day of July, 2010.

Notary
Title of Certifying Officer

Amanda H. Duncan
Signature of Certifying Officer
Amanda H. Duncan

My commission expires: 01/22/2013





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:

Chris "Chopper" Fulbright for Soil and Water

Treasurer Name:

Chris Fulbright

Treasurer Address:

2655 Balls Creek Rd

(include city, state, & zip)

Newton NC 28658

Treasurer Phone:

(828) 464-7666

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).

7-1-10
Date Signed

Signature of Candidate

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



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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: Chris Fulbright
 Committee Name: Chris "Chopper" Fulbright for Soil and Water
 Treasurer Name: Chris Fulbright
 If Candidate is own treasurer, designate an agent to carry out designations: _____
 Committee ID #: 8DUAHU
 Level Registered: [State] [County] If county, specify: County

I, Chris Fulbright, hereby direct that in the event of my death or incapacity all 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Bandys Livestock</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: [Signature]
 Date: 7-1-10