


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.

1. Committee Information			
a. Full Name		c. ID Number	
Friends of Jared Esselman for Office			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1300 Mt. Ulla Hwy Mooreville, NC 28115		14 March 2011	
		e. Phone Number	
		843-412-3841	
2. Candidate Information		Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Jared Austin Esselman			Republican
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
1300 Mt. Ulla Hwy Mooreville, NC 28115		Mayor	Mooreville
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Dennis Esselman			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1300 Mt. Ulla Hwy Mooreville, NC 28115			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-677-6643			
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	b. Purpose
		Fifth Third Bank	Primary Checking
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
			Checking
c. Phone Number	d. Email Address		
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.			
Jared Esselman		14 March 2011	
Printed Name of Signer		Date	
			
		Signature of Appointed Treasurer	



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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
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(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: Jared Esselman
Treasurer Name: Dennis Esselman
Treasurer Address: 1300 Mt. Ulla Hwy
(include city, state, & zip) Mooresville, NC 28115

Treasurer Phone: 704-677-6643

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).

14 March, 2011
Date Signed


Signature of Candidate

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