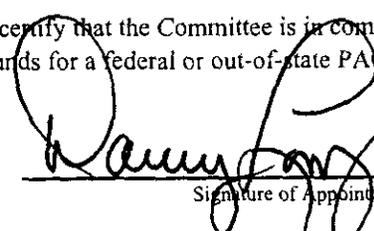


Statement of Organization

1. Name of Committee						7. Date
DANNY LONG For Sheriff						3/5/02
2. Address of Committee						8. ID Number
PO Box 1580						
3. City	4. State	5. Zip	6. Phone	9. Amendment		
Burgaw	NC	28425	259-3729	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Committee (Check one and complete the respective information required below.)						
<input checked="" type="checkbox"/> 10. Candidate Committee <input type="checkbox"/> Primary Candidate Committee						
<i>(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)</i>						
a. Name of Candidate	b. Candidate ID Number	c. Office	d. Party Affiliation	e. Dist/Cty/Mun		
DANNY LONG		Sheriff	Rep.			
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser <input type="checkbox"/> Primary Candidate Committee						
a. If Fundraiser, Name of Event			b. If Fundraiser, Event Location			
c. Candidate Names	d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits		
				%		
				%		
				%		
				%		
<input type="checkbox"/> 12. Party Committee						
a. Type (Check one)			b. Party			
<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate						
<input type="checkbox"/> 13. General Political Committee						
a. Category (Check one)						
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Health <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trade <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Environment <input type="checkbox"/> Insurance <input type="checkbox"/> Minority <input type="checkbox"/> Utilities <input type="checkbox"/> Religious <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Legal <input type="checkbox"/> Information Tech/Telecommunications <input type="checkbox"/> Political Party not part of the Party Plan of Organization <input type="checkbox"/> Other:						
b. Type (Check one)			c. Definition of Type			
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose <input type="checkbox"/> Economic Interest						
d. Member Definition						
----- Connected Organization or Affiliated Committee -----						
e. Name		f. Mailing Address (include city, state, & zip)			g. Relationship	
<input type="checkbox"/> 14. Referendum Committee						
a. Name of Referendum			b. Referendum Date	c. Declaration (Check one)		
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		

Statement of Organization

15. Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
SUSAN RIVENBARK	PO Box 1580	Burgaw	NC	28425	259-9651
g. Email Address					
16. Assistant Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
DANNY LONG	PO Box 1580	Burgaw	NC	28425	259-9651
g. Email Address					
17. Custodian of Books Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
SUSAN RIVENBARK	PO Box 1580	Burgaw	NC	28425	259-9651
g. Email Address					
18. Bank/Depository/Credit Account Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
FNB Southeast		Burgaw	NC	28425	CHECKING
g. Purpose				h. Code	
Sheriff Campaign				DL	
g. Purpose				h. Code	
19. Certification of Threshold <i>(for Candidate and Party Committees Only)</i>					
<input type="checkbox"/> I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.					
<input checked="" type="checkbox"/> I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.					
CERTIFICATION					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
 _____ Signature of Appointed Treasurer or Candidate				3/5/02 _____ Date	

