

Statement of Organization - Referendum Committee

Use this form to create a new or update an existing referendum committee

This form must be accompanied by form CRO-3500

Amendment
 Yes No

1. Committee Information			
a. Full Name <i>Join Our Town</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>606 RAVENSWOOD RD HAMPSHIRE NC 28443</i>		d. Date Organized <i>2 Aug 2007</i>	e. Phone Number <i>910-270-4568</i>
2. Referendum Information			
a. Full Name <i>Join Our Town</i>		b. Date of Referendum <i>Nov 6 2007</i>	c. Declaration <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>John K Swann</i>		a. Full Name <i>SAME AS #5</i>	
b. Mailing Address (include City, State, and Zip Code) <i>606 RAVENSWOOD RD HAMPSHIRE NC 28443</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>910-270-4568</i>	d. Email Address <i>John.K.Swann@charter.net</i>	c. Phone Number	d. Email Address
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <i>NONE</i>		a. Financial Institution Full Name <i>CAPE FEAR BANK</i>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>ALL FUNDS CHECKING ACCT</i>	
c. Phone Number	d. Email Address	c. Account Code <i>A</i>	d. Type
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.			
<i>John K Swann</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer	
		<i>29 Aug 07</i> 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

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: Join Our Town
Treasurer Name: John R. Searcy
Treasurer Address: 606 Avenueside Rd
(include city, state, & zip) Hampstead NC 28443
Treasurer Phone: 910-270-4568

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code
CHECKING	CAPE FEAR	14572 ^{US} Hwy 17 HAMPSTEAD NC 28443	XXXXXXXXXX	A

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

28 Aug 07
Date Signed

John R. Searcy
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

Signature of Candidate or Treasurer

259-1269

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms
Do not use this form to update information

Amendment
 Yes No

I. Committee Information		c. ID Number	
a. Full Name <u>Join Our Town</u>		d. Date Filed <u>16 Sept 07</u>	
b. Mailing Address (include City, State and Zip Code) <u>606 RAVERWOOD RD</u> <u>HAMPSTEAD NC 28443</u>		e. Phone Number <u>270-4568</u>	
2. Report Year <u>2007</u>	3. Period Start Date (mm/dd/yy) <u>3/15/07</u>	4. Period End Date (mm/dd/yy) <u>29 Aug 2007</u>	5. Treasurer Full Name <u>John K. Searan</u>
6. Type of Committee (Check One) <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Referendum		9. Type of Report (check only one type of report from one category)	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Cape Fear Bank</u>		a. Financial Institution Full Name	
b. Purpose <u>All Funds</u>	c. Account Code <u>A</u>	b. Purpose	c. Account Code
d. Period Begin Balance <u>\$ 0</u>		d. Period Begin Balance <u>\$</u>	
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 and that I have been trained by the NC State Board of Elections according to Article 163.278.9(a).			
<u>John K. Searan</u> Printed Name of Signer		<u>John K. Searan</u> Signature of Appointed Treasurer	
		<u>16 Sept 07</u> Date	
FOR OFFICE USE ONLY			
Date Received:	<u>SEP 17 2007</u>	Employee:	<u>DB</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

CRO-1000

NC State Board of Elections

April 2007

SEP 17 2007

Detailed Summary

Amendment

 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

Join Our Town		Organizational		
Start of Election Cycle: January 1, 2007			Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 0	\$ 0
5) Aggregated Contributions from Individuals (CRO-1205)			\$ 197.20	\$ 197.20
6) Contributions from Individuals (CRO-1210)			\$ 300.00	\$ 300.00
7) Contributions from Political Party Committees (CRO-1220)			\$	\$
8) Contributions from Other Political Committees (CRO-1230)			\$	\$
9) Loan Proceeds (CRO-1410)			\$	\$
10) Refunds/Reimbursements To the Committee (CRO-1240)			\$	\$
11) Other Receipt Sources				
11a) Interest on Bank Accounts (CRO-1250)			\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)			\$	\$
11c) Outside Sources of Income (CRO-1250)			\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)			\$ 497.20	\$ 497.20
13) Disbursements				
13a) Operating Expenditures (CRO-1310)			\$	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)			\$	\$
13c) Coordinated Party Expenditures (CRO-1310)			\$	\$
14) Loan Repayments (CRO-1420)			\$	\$
15) Refunds/Reimbursements From the Committee (CRO-1320)			\$	\$
16) In-Kind Contributions (CRO-1510)			\$	\$
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)			\$	\$
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)			\$ 497.20	\$ 497.20
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)			\$	
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)			\$	
21) Debts and Obligations owed By the Committee (CRO-1610)			\$	
22) Debts and Obligations owed To the Committee (CRO-1620)			\$	
23) Account Transfers Within the Committee (CRO-1720)			\$	
24) Administrative Support (CRO-1710)			\$	\$
25) Forgiven Loans (CRO-1440)			\$	\$
26) 48-Hour Notice Reports Sum			\$	\$

CRO-1100

NC State Board of Elections

April 2007

SEP 17 2007

Contributions from Individuals

Amendment Pg ____ of ____ Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) HAMPSTEAD INCORPORATION GROUP						2. ID Number
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN SWANN 606 RAUNSWOOD HAMPSTEAD NC 28443			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00	
4. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) NICK PAXON P.O. Box 844 HAMPSTEAD NC 28443			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00	
4. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA EASTMAN 238 CAMP BERRY BLVD HAMPSTEAD NC 28443			b. Job Title/Profession HOUSEWIFE		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00	
4. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$ 300.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

SEP 17 2007