

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	
LONNIE JACKSON TURNER		SHLS05	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O BOX 56 ATKINSON, NC 28421		7/12/11	
		e. Phone Number	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
LONNIE JACKSON TURNER			
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
P.O BOX 56 ATKINSON, NC 28421			
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name		
LONNIE JACKSON TURNER			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
P.O BOX 56 ATKINSON NC 28421			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 283-7191			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
c. Phone Number	d. Email Address	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.			
LONNIE JACKSON TURNER		Lonnice Jackson Turner	7-12-11
Printed Name of Signer		Signature of Appointed Treasurer	Date

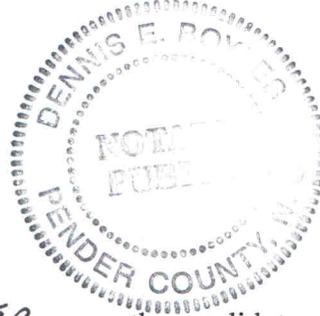
Affidavit Attesting to Nickname
(NCGS § 163-106(a))

I, LONNIE TURNER have been duly sworn, hereby state under oath that I have been
(Legal name)
commonly known by the nickname, JACK, for at least five years and
request that my name be placed on the ballot as follows: Jack Turner.
(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:

LONNIE JACKSON TURNER (JACK)
(Legal name and nickname)

Lonnie J. Turner
(Signature - legal name)



I hereby certify that LONNIE J. TURNER, the candidate who signed above,
personally signed in my presence.

Sworn to and subscribed before me this 12TH day of July, 2011.

Notary
Title of Certifying Officer

[Signature]
Signature of Certifying Officer

My commission expires: 3/31/2015



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: LONNIE JACKSON TURNER

Treasurer Name: SAME

Treasurer Address: _____

(include city, state, & zip) P.O. Box 56

ATKINSON, NC 28421

Treasurer Phone: 910 283-9191

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).

7-12-11
 Date Signed

Lonnie Jackson Turner
 Signature of Candidate

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



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27605

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: LONNIE JACKSON TURNER

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) P.O. BOX 570

ATKINSON, NC 28421

Treasurer Phone: 910-283-7191

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1-17-12
Date Signed

Lonnie Jackson Turner
Signature
(Jack)

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