

Statement of Organization - Candidate Committee

| | |
|------------------------------|-----------------------------|
| Amendment | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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 (when amending, only re-submit if applicable).

| 1. Committee Information | |
|---|-------------------|
| a. Full Name | c. ID Number |
| Committee to Re-Elect Tom F Mark | |
| b. Mailing Address (include City, State and Zip Code) | d. Date Organized |
| 5504 Blackbeard LN, New Bern NC, 28560 | 10/10/2013 |
| | e. Phone Number |
| | (252) 635-6448 |

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| 2. Candidate Information | | <input checked="" type="checkbox"/> Candidate's Primary Committee |
|---|--------------------------|--|
| a. Full Name | e. Candidate ID Number | f. Party Affiliation |
| Tom F Mark | | Republican <small>(Indicate Non-partisan if applicable)</small> |
| b. Mailing Address (include City, State, and Zip Code) | g. Office Sought | |
| 5504 Blackbeard LN, New Bern NC, 28560 | Commissioner, District 1 | |
| c. Phone Number | d. Email Address | h. Next Election Year |
| (252) 635-6448 | tmarksr@gmail.com | 2014 |
| <input checked="" type="checkbox"/> Email copy of notices | | i. Jurisdiction |
| | | Craven County |


| 3. Treasurer Information | | 4. Custodian of Books Information | |
|--|------------------------------|--|------------------------------|
| a. Full Name | | a. Full Name | |
| Wilfred R. Chagnon | | Wilfred R. Chagnon | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 100 Finch Lane, New Bern, NC 28560 | | 100 Finch Lane, New Bern, NC 28560 | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| (252)363-2961 | chipandlindac@suddenlink.net | (252)363-2961 | chipandlindac@suddenlink.net |

| I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input checked="" type="checkbox"/> Email copy of notices | |
|--|------------------|--|--|
| 5. Assistant Treasurer Information | | 6. Account Information (incl. CRO-3500) | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name | | a. Financial Institution Full Name | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | BB&T | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| | | CAMPAIGN FUNDS | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type |
| | | 531011210005103778508 | CHECKING |
| <input type="checkbox"/> Email copy of notices | | | |

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.

 Wilfred R. Chagnon
 Printed Name of Signer


 Signature of Appointed Treasurer

 10/10/2013
 Date



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North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

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: TOM F MARK
Treasurer Name: WILFRED R CHAGNON
Treasurer Address: 100 FINCH LANE
(include city, state, & zip) NEW BERN, NC, 28560
Treasurer Phone: (252) 636-2961

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).

10/10/2013

Date Signed

Tom F Mark
Signature of Candidate

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