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SEP 19 2019

Statement of Organization - Candidate Committee

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).

Amendment
 Yes No

1. Committee Information					
a. Full Name			c. ID Number		
Omega K Jarman Campaign					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
199 Clayton James Rd Jacksonville NC 28540					
			e. Phone Number		
2. Candidate Information					<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Omega K Jarman				Republican <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
199 Clayton James Rd Jacksonville NC 28540		Register of Deeds			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction		
910-330-7787	Omegajrman@yahoo.com	2020	Onslow Co.		
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Faith Ann Valvo					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
1103 Andrea Dawn Ln Jacksonville NC 28540					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
910-915-9814	faithvalvo@gmail.com				
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information			6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			First Bank		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Campaign Funds		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		01	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.					
Faith Valvo				9/19/2019	
Printed Name of Signer		Signature of Appointed Treasurer		Date	