Statement of Organization - Candidate Committee

Amendment	-	
☐ Yes	☐ No	

b. Mailing Address (include City, State and Zip Code) 8840 KINGS TREE DR	2003 JUL 31 AM	10: 13	. [D Number
h. Mailing Address (include City, State and Zip Code)	2003 JUL 31 AM	10: 13	
b. Mailing Address (include City, State and Zip Code)	 .		
28 40 KINGSTRER DA		d	l, Date Organized
CLAMMONS, N.C. 270	0/2	7	. Phone Number
•			
2. Candidate Information	Primary Candio	ate Committee	}
a. Full Name EDWARD PACHLIN		ł	o. Candidate ID Number
- TATONEN			0042AQ
c. Office Sought	d. District/County/Mu		. Party Affiliation
LAWISVILLE COUNCILMAN	FORSYTH		REP.
(If office sought is nonpartisan, write "Nonpartisan" in	e] Party Affiliation.)		
3. Treasurer Information	4. Custodian of Bo	oks Informat	ion
a. Full Name	a. Full Name		
GO PACHLIN	Sor		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	clude City, State	, and Zip Code)
c. Phone Number d. Email Address	c. Phone Number	d. Email Addre	ess
5. Assistant Treasurer Information Add	6. Account Inform	ation (incl.	CRO-3500)
a. Full Name Remove	a. Financial Institution	Fuli Name	Remove
and Radley	and	Rache	n.
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
c. Phone Number d. Emil Address	c. Code	d. Type	
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. Equal B Achieve Signature of Appointed Treasurer Date			

CRO-2100A

NC State Board of Elections

March 2003



North Carolina

State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook 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

FILED BY:				4
Committee Name:		NONE		
Treasurer Name:	<u> 20 a</u>	wan Rac	hlen	
Treasurer Address:	88-9	40 Kingst	ne Drie	be_
(include city, state, & 2	zip)	emmons.	N.C 27	0/2
·			<u>.</u>	
Treasurer Phone:	336	145-330	19	· · · · · · · · · · · · · · · · · · ·
for the above named C	nation provided below is to ommittee. These account et or savings accounts, or	numbers include all bank	accounts utilized, cre	edit card
The information provide a court of competent juprovide account inform	ded on this form is consided would only be used for irisdiction. It will be necessation on required discloss count number is presume	or the purposes of an audit ssary to assign each account ure reports. If an account	t or investigation or as unt number a "code" i	s required by in order to
Type of account	Financial Institution	Address	Account Number	Code
Checking	WachoriaBa	& Lewisville Bran	1	W. 12-160
By signing this statement provided. Aug 10	ent, I authorize agents of	the State Board of Election	ns to inspect all accounts to inspect all accounts and second sec	nts D
		e j		



COPY

Kimberly Westbrook Deputy Director – Campaign Reporting

FILED BY:

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

Certification of Treasurer

Candidate Name:	Res PAGNIN
reasurer Name:	CLAMMONS N. C. 27013
reasurer Address:	CLEMMONS N. C, 270/3
include city, state, & zip)	, ,
reasurer Phone:	
he duties and responsibilities in	tion is correct, and I, as candidate, appoint said treasurer to personally fulfill mposed upon the appointed treasurer and subject to the penalties and egulation of Election Campaigns of Chapter 163 of the North Carolina
	reasurer changes, it will be necessary to certify a new treasurer and amend aization within 10 days of the vacancy.
1 1 - 12	$G \cap A \cap A$
16 le 31 03	
10-4- S:	Signature of Candidate



COPY

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Threshold

FILED DI:	_
Committee Name:	ED RACULIA
Treasurer Name:	BO RACULIÑ 8840 KINGSTRAR DR
Treasurer Address:	CLammons N.c 27013
(include city, state, & zip)	
Treasurer Phone:	
election cycle under the proc until the end of the election of expenditures during this elec- of elections and file required	
file the next scheduled repor	Certification to remain under the \$3000 threshold. I will now be required to t for all contributions and expenditures that have not been previously reported rrent election cycle. I further agree to file all future reports required.



Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification to Close Committee

FILED BY: Committee Name: Treasurer Name: Treasurer Address:	Eo RACHIN (No Committee was established)
(include city, state, & zip)	Clemmons, N.C. 27012
I certify that the above ment certification, I declare that a contributions will be accept signed. If the Committee at	ioned Committee intends to close and cease existence. Upon signing this ll funds have been distributed and reported (if required). In addition, no ed or disbursements made after the "Final Report" is filed or this form is any future time intends to accept or spend funds in support or opposition of e, a new political committee must be formed and registered with the Board of ties may commence.
"Final Report" will be requi	under the \$3,000 threshold will only be required to sign this Certification. No red for committees meeting this criterion. Any Committee that did not file must submit a "Final Report" with this Certification. This report must have a nding loans or debts.
Nov-6, '03 Date/Signed	Edul Black Signature Signature

CRO-3400

Certification to Close Committee

Aarch 2003