Statement of Organization - Candidate Committee

Amendment

Yes Z No

1. Committee Information				
a. Full Name		c. ID Number		
Messill for Country Commissioner b. Mailing Address (include City, State and Zip Code)		36YNUO		
		d. Date Organized		
P.O. BOX 24982	11 1/405	5/12/04		
wmstm-Selem, NC 27111	4-4482	e. Phone Number		
		727-8600		
2. Candidate Information	Candidate's Primary Commit			
a. Full Name	c. Candidate ID Number	d. Party Affiliation		
Patricia L. Messick		Republican		
	e. Office Sought	f. Jurisdiction		
P.O. BOX 24982	County Commissioner B			
Winston-Salen, NC (If office sought is nonpartisan, wr 27114-4982 Party Affiliati				
	4. Custodian of Books Informa	ition		
a. Full Name	a. Full Name			
Patricia L Messide	Patricia L. M			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)			
PO Box 24982	P. O. B X24982			
Winson-Salen NC27114	WMSton-Salem, AC 27114			
c. Phone Number d. Email Address	c. Phone Number d. Email Addr	ess		
10.00	727-8600 Patow			
5. Assistant Treasurer Information Add Ce4		. CRO-3500)		
a. Full Name Remove	a. Financial Institution Full Name	Remove		
. 27	Souther Covernic	noty Base Trus		
b. Maning Address (Include City, State, and Zip Code)	b. Purpose	La rela a		
W >	Campugu contri	MONOW? 4		
<i>→</i> 3	expenditures			
c. Phone Number d. Email Address	c. Code d. Type			
E G	Sccc Chee	leing		
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.				
Printed Name of Signer Signature of Appointed Treasurer Date				

CRO-2100A

NC State Board of Elections

May 2003



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:				
Committee Name:	Messic	k Sor Con	uty Conimi	siner
Treasurer Name:	Parrici	a L. Mes	sick	
Treasurer Address	: POBa	24982		7
(include city, state, &	zip) <u>Wins</u> t	on- Salem,	NC 2711	t- 4982
Treasurer Phone:	727-8	(600		
for the above named C accounts, money mark Committee. The information provi The information provi a court of competent juprovide account information provide account provide acco	nation provided below is to committee. These accounts, or det or savings accounts, or ded on this form is conside ded would only be used for arisdiction. It will be necessation on required disclos- account number is presume	numbers include all bank any other financial account ered confidential and is no or the purposes of an audi essary to assign each account ure reports. If an account	c accounts utilized, cre int used for any purpose ot subject to public dis t or investigation or as ount number a "code"	edit card se by the sclosure. s required by in order to
Type of account	Financial Institution	Address	Account Number	Code
Checking	Southern Correct	unam-silem W		SCCC
By signing this statem provided.	ent, I authorize agents of t	he State Board of Election	ens to inspect all accou	unts
5/14/04 Date Signed		Detu	Signature of Treasurer	me)



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 Treasurer

FILED BY:	
Candidate Name:	Protricia L. Messick
Treasurer Name:	Patricia L. Messick
Treasurer Address:	P.O. Box 24982
(include city, state, & zip)	Winstm-Salen, NC 27114-4982
Treasurer Phone:	727-8600
the duties and responsibiliti	emation is correct, and I, as candidate, appoint said treasurer to personally fulfill es imposed upon the appointed treasurer and subject to the penalties and I. Regulation of Election Campaigns of Chapter 163 of the North Carolina
	e Treasurer changes, it will be necessary to certify a new treasurer and amend ganization within 10 days of the vacancy.
5 11 0 4 Date Signed	Davies Musuck)



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

Certification of Threshold

FILED BY:	
Committee Name:	Messich for County Commissioner
Treasurer Name:	Patricia L. Mosside
Freasurer Address:	P. O.Box 24982
include city, state, & zip)	Winston-Salem, NC 27114-4982
Treasurer Phone:	727-8600
election cycle under the pro- until the end of the election expenditures during this ele	nittee intends to neither receive nor expend more than \$3,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board d campaign finance reports.
ile the next scheduled repor	Certification to remain under the \$3000 threshold. I will now be required to ct for all contributions and expenditures that have not been previously reported arrent election cycle. I further agree to file all future reports required.
5 Ulle 4	Parino Muna





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

Certification to Close Committee

FILED BY:		
Committee Name:	Messich for Mounty Commissioner	
Treasurer Name:	tatricia L. Messon	
Treasurer Address:	POBO 2492	
(include city, state, & zip)	Winston Salem, NC 27/14-4982	
Treasurer Phone:	336-72786D	
certification, I declare that a contributions will be accepted signed. If the Committee at	ioned Committee intends to close and cease existence. Upon signing this liftends 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 a new political committee must be formed and registered with the Board of ies may commence.	
"Final Report" will be requi	ander 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 dding loans or debts.	
1 1 3 1 0 5 Date Signed	Signature Signature	A SONOT THE STATE OF THE STATE
CRO-3400	Certification to Close Committee March 2005	الله الله الله الله الله الله الله الله