1. Committee Informa	tion			ID Number
a. Full Name				e. ID Number
Winston E	AST PAC			
b. Mailing Address (include)		d. Date Organized
				5/18/2000
1617 E.				e. Phone Number
W-S, n.c	- 27105			330 722-4
1				
2. Political Action Con	mmittee Information			ization or Affiliated Committee
	only one)		a. Full Name	
Banking/Finance	Legal Manufact	uring.		
Building/Real Estate	Minority		b. Mailing Address (incl	ude City, State, and Zip Code)
Environment	Political P	arty not part of		
Get Out the Vote	Party Plan			
Health	Religious		c. Phone Number	d. Relationship
Information Technology Telecommunications	y/ Trade			
Insurance	Other / No	ot listed		
b. Type (Check only one)	c. Definition of Type		d. Member Definition	
Parent Entity	1			
Economic Interest	Polition 1 no	tion Comm	-	
Political Purpose 4. Treasurer Informa			5. Custodian of Books Information	
4. I reasurer miorina a. Full Name			a. Full Name	
				E B
JIMMIE L	FEBONHAN		b. Mailing Address (incl	ude City, State, and Zip Code
b. Mailing Address (includ	e City, State, and Zip Cod	c)		
161721	147	_ ,		
	C. 37105		c. Phone Number	d. Email Address
c. Phone Number d.	Email Address		C. I HOUCE I'VIIIIOU	 F
834-)722,458				Ation (incl CRO-3500) Add
6. Assistant Treasure	r Information	Add	7. Account Informa	tion (mar. cho-bsod)
a. Full Name		Remove	a. Financial Institution	
Fannie Bo	nha		BBT 1	
tannie v	le City, State, and Zip Cod	lc)	b. Purpose	
)417 2.14	th sa		Delilical	Actin Com.
- 1977 / / / /			La haran a	
	- '		c. Code	d. Type
w-s no	The still A delegan			
w-s n-c	Email Address		11017	(ARCEM
w-s n-c	Email Address		1617	Checky
c. Phone Number d. 334) 7224555				
CERTIFICATION		e with all Drev	vions of Article 22A	including that no funds are comm
CERTIFICATION		e with all prov	vions of Article 22A	including that no funds are comm
CERTIFICATION		e with all prov I further say		including that no funds are comm
c. Phone Number d. 334 7224555 CERTIFICATION I certify that the Con with funds for a fede		e with all prov 2. I further say	vions of Article 22A	including that no funds are comm

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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:	WINSTON EAST PAC		
Committee Name:	WINSton Zasi 7	 20	<u> </u>
Treasurer Name:	JIMMIE L. Donham	 	
Treasurer Address:	1617 E. 14th	 <u> </u>	X SUR
(include city, state, & zip)	W.S. n.C.	 	<u> </u>
Treasurer Phone:	(334) 722-4583	 5 S	*

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
Checky	BRFT	14th St		
				1417

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

2 4 105 Signature of Treasurer Date Signed

CRO-3500

March 2003