

North Carolina State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting COPY

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

Certification of Treasurer

FILED BY:	T. of Comme
Candidate Name:	JAMES G. CRISALC
Treasurer Name:	TAMES G-CRISALC
Treasurer Address:	1985 MICHELLE DRIVE
(include city, state, & zip)	CLEMMONS NC 270R
Treasurer Phone:	336) 403-9718

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.

BECEIVED

Certification of Treasure 17:6 WV 9 1 9NV 5002 March 2003

CRO-3100

Statement of Organization - Candidate Committee

Amendment

Yes No

1. Committee Information			
a. Fuli Name		c. ID Number	
CRISA	+LL4 Cowe		
b. Mailing Address (include City, State and Zip Code)	d. Date Organized		
1985 michelle DRIVE	0.04.6	8/8/05	
CLEMMONS N.C 27012-	8898	e. Phone Number	
	•	336 403 9718	
2. Candidate Information	Candidate's Prin	nary Committee	
a. Full Name	c. Candidate ID Numbe	d. Party Affiliation	
JAMES GACOMO CRISALL	RLY BHO		
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
1985 MICHELLE DRIVE	COUPCILMAN COMM		
Clemmons NC 27012	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		
3. Treasurer Information	4. Custodian of Books Information		
a. Full Name	a. Full Name		
JAMES CRISALL	JAMES CRUAK		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (inc	lude City, State, and Zip Code)	
SAME AS ABOVE	SAME AS ABOVE		
c. Phone Number d. Email Address	c. Phone Number d. Email Address		
JOCKISALL CHOTMAIL COM			
5. Assistant Treasurer Information Add	6. Account Information (incl. CRO-3500) Add		
a. Full Name Remove	a. Financial Institution l	Full Name Remove	
JAME CRISALL	. as	NONE	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
SAME AS ABOVE			
c. Phone Number d. Email Address	c. Code	d. Type	
CERTIFICATION			
I certify that the Committee is in compliance with all provisi	ons of Article 22A, it	ncluding that no funds are commingled	
with funds for a federal or out-of-state PAC. I further say th	at this report is comp	olete, true and correct.	
JAMES G-CRISALL Jamos	S Wall nature of Appointed Treas	81.4/05	

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

Certification of Threshold

FILED BY:		/1		
Committee Name:	CRISALL		w CIL	
Treasurer Name:	JAMES	CRISAL	<u> </u>	
Treasurer Address:	1985 M	ichelle	DR. 27012	
(include city, state, & zip)	Clema	10NS NO	27012	
		· · · · · · · · · · · · · · · · · · ·		
·	/ 2		_	
Treasurer Phone:	(336) 4	103-97	18	
Check One:				
I certify that this com	mittee intends to neither	receive nor expend	more than \$3,000 dust certification will re	ring the current
until the end of the election	cycle for this committe	e. If this committee	exceeds \$3,000 in co	ontributions or
expenditures during this eleof elections and file require	ed campaign finance rep	orts.		
THIS DECLARATION CA	IN ONLY BE MADE A	T THE BEGINNIN	G OF AN ELECTIO	N CYCLE.
I am withdrawing my	Certification to remain	under the \$3000 thre	eshold. I will now be	required to
file the next scheduled repo from the beginning of the c	ort for all contributions a	and expenditures tha	t have not been previ	ously reported
from the beginning of the c	mient election cycle. 1 i	article agree to the a	m ruturo reperto requ	
$A \downarrow$		1	1 /	
X/ (4/05		ans) Waser	/
Date Signed		A THE STATE OF THE	Signature (
		//		



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Confidential

Certification of Financial Account Information

FILED BY:				•
Committee Name:	CKIJA	-	OUNCIL	
Treasurer Name:	JAMES	G. C.	RISALC	
Treasurer Address	: 19PS	MICHELLE	o De	
(include city, state, &	zip) <u>(LOMM</u>	onson.C.	27012	
Treasurer Phone:	(336)	· 1903.97	718	
for the above named C	mation provided below is Committee. These accounted or savings accounts, or	t numbers include all b	bank accounts utilized,	credit card
The information provi	ded on this form is consided would only be used furisdiction. It will be nec	or the purposes of an a essary to assign each a	audit or investigation o account number a "cod	r as required by e" in order to
confidentiality of the a	nation on required disclosic account number is presum	ed to have been waive	ed.	
confidentiality of the a	ration on required disclosic count number is presum	Address	Account Number	Code
confidentiality of the a	account number is presum	ed to have been waive	ed.	
confidentiality of the a	account number is presum	ed to have been waive	ed.	
Type of account	account number is presum	Address	Account Number	Code
Type of account By signing this statem	account number is presum	Address	Account Number	Code
Type of account By signing this statem provided.	account number is presum	Address	Account Number	Code
By signing this statem provided. Date Signeo In lieu of providing account	ent, I authorize agents of count information, I certie. (Only candidates may constitution)	Address the State Board of Ele	Signature of Treasure will not raise or spend Signature of Candidat	Code