	it of Organization	- Candidat	e Committee	OP	Y	es No	
	e Information				4		
a, Full Name			· · · · · · · · · · · · · · · · · · ·		c. ID Numb	er	
	EE TO RE-ELECT	·	USE/				
	ess (include City, State and Zip	Code)			d. Date Organized		
7290 7	Ranklin Road				8/8/05		
LEWIS	VILLE, NC 27023	3	,		e. Phone Number		
I					336-65	5-6233	
2. Candidate l	Information		☐ Candidate's	Primary Commi	ittee		
a. Full Name			c. Candidate ID N		d. Party Affi	listion	
CHARLE	s DAVID HAUSER		RPY5CY	/	Nonpa	RTISAN	
b. Mailing Addres	ss (include City, State, and Zip	Code)	e. Office Sought			f. Jurisdiction	
7290 FR	ankein Road						
LEWISV	ILLE, NC 27023		TOWN COL	DUGILMAN	1		
	•		(If office sought	is nonpartisan,	write "Nonj	partisan" in [d]	
3. Treasurer In	formetion			Party Affili			
a. Full Name	TOLINERION	<u> </u>	4. Custodian of a. Full Name	4. Custodian of Books Information			
611101=8	DAVID HOUSES				<u> </u>		
			CHARLES DAVID HAUSER				
	(include City, State, and Zip C	ode)	b. Mailing Address (:)	
•	· ·		7290 FRANKLIN ROAD				
. Phone Number	LLENC. 27023	-	LEWISVILLENC 27023				
	d. Email Address		c. Phone Number	d. Email Addre	SS		
	3 CHAUSER® TRIAL	s.RL.com	336-655-623	3 CHANGEL	@TRIAD./	R. con	
	surer Information	☐ Add	6. Account Information (incl. CRO-3500) Add				
. Full Name		Remove	a. Financial Institutio	n Full Name		Remove	
			WACHOVIA	BANK	.*		
Mailing Address (i	nciude City, State, and Zip Co	de)	b. Ригроse				
		i	CAUPAIGN FUNDING				
Phone Number	1		,				
rnone Number	d. Email Address		c. Code	d. Type			
			cont	CHECKIN	4 Accou	~	
ERTIFICATION	V		N.		·		
certify that the C	Committee is in compliance	e with all provision	ons of Article 22A	including that a			
vith funds for a fe	ederal or out-of-state PAC.	. I further say tha	t this report is com	olete, true and c	orrect	ommingled	
	. 1		1				
PHOPLES DA	VII) HAUSEZ	Chilerie	io huers		alalo		
Printe	d Name of Signer	Signa	ture of Appointed Treas	urer	Date	}	
0-2100A	- A	NC State Board	of Elections			·	
		NO DIAM DOM	OI ESECTIONS			May 2003	
						S 97	
				•			
					- Constitution	0	
					The same of the sa		

Amendment



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:	CHARLES DAVID HAUSER
Treasurer Name:	CHARLES DAVID HAUSER
Treasurer Address:	7290 Frankin Ross
(include city, state, & zip)	LEWISVILLE, NC 27023
Treasurer Phone:	336-655-6733
rue annes and responsibilitie	nation is correct, and I, as candidate, appoint said treasurer to personally fulfill s imposed upon the appointed treasurer and subject to the penalties and Regulation of Election Campaigns of Chapter 163 of the North Carolina
I understand that if the above the existing Statement of Org.	Treasurer changes, it will be necessary to certify a new treasurer and amend anization within 10 days of the vacancy.
elels.	
Date Signed	Signature of Candidate



Kimberly Westbrook Deputy Director - Campaign Reporting

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

Certification of Threshold

FILED BY:	
Committee Name:	COMMITTER TO REFERENT C. DAVID HUSE
Treasurer Name:	CHALLES DAVID HAUSER
Treasurer Address:	7290 FRANKLIN KOAD
(include city, state, & zip)	LEWISVILLE, NC 27023
Treasurer Phone:	336-655-6233
until the end of the election of expenditures during this elect of elections and file required of THIS DECLARATION CAN I am withdrawing my Ce file the next scheduled report	ittee intends to neither receive nor expend more than \$3,000 during the current edures set forth in G.S. 163-278.10A. This certification will remain in effect ycle for this committee. If this committee exceeds \$3,000 in contributions or tion cycle, I understand that I must immediately notify the appropriate board campaign finance reports. ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Extification to remain under the \$3000 threshold. I will now be required to for all contributions and expenditures that have not been previously reported tent election cycle. I further agree to file all future reports required.
B/S/OS. Date Signed	Citude Dei Duse Signature



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

Kimberly Westbrook Deputy Director – Campaign Reporting

FILED BY:

Committee Name:

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

Confidential

Certification of Financial Account Information

Trousurer Hairie	· <u>CHARLES</u>	DAVID HAUSE	<u></u>	
Treasurer Addres	ss: 7290 Fr	zakcin Road		· · · · · · · · · · · · · · · · · · ·
(include city, state, &		LLE, MC 1702		
Treasurer Phone:		×5-6233		
TOT OTTO BOOM INSTITUTE	rmation provided below is Committee. These account rket or savings accounts, or	i numbers include all bar	ak accounte utilizad a	madia aaad
a court of competent j provide account infor	ided on this form is consider ided would only be used for jurisdiction. It will be nece mation on required disclost account number is presume	or the purposes of an aud essary to assign each account the reports. If an accoun	it or investigation or a	as required by
Type of account	Financial Institution	Address	Account Number	Code
CHECKING	WACHOULA BANK	6460 511 ALL OUT 00 A		CDH
B B Signed In lieu of providing acco	ent, I authorize agents of the control of the contr	that this committee will	Signature of Treasurer	
Date Signed	_		Signature of Candidate	
CRO-3500	Certification of Fina	ncial Account Informati	on M	farch 2003