Statement of	Organization - (	Candidate (	Con interes		Amendme	ent No	
					· · · · · · · · · · · · · · · · · · ·		
1. Committee Information				············	c. ID Number		
a. Full Name		<u> </u>	01			<del></del> -	
COMMITTEE TO ELECT JOHN S.			. KUSHTON		: Duta Organi	inad	
b. Mailing Address (include City, State and Zip Code)			d. Date Organized				
8201 TROXAWAY COURT LEWISVINE, NC 27023					8/8/05		
				<del> -</del>		e. Phone Number	
					334 - 408 - 6318		
2. Candidate Infor	mation		Candidate's Pri		ttee	-41	
a. Full Name			c. Candidate ID Numb	ег	d. Party Affilia		
JOHN S	5. RUSHTON		25 Y 59	<b>D</b>	NONPAR		
	clude City, State, and Zip Co	ide)	e. Office Sought			f. Jurisdiction	
8201 TROXAWAY COURT LEWISVILLE, NC 27023		(If office sought is nonpartisan, write "Nonpartisan" in [d]  Party Affiliation.)					
			4. Custodian of Books Information				
3. Treasurer Inform	mation		4. Custodish of Books Information				
a. Full Name			CHARUS J. POLISK				
	J. PELLER		b. Mailing Address (include City, State, and Zip Code)				
	lude City, State, and Zip Co		110 LIVINGSTONE COURT				
• •	165TONE COURT		CLEMMON'S, NC 77012				
	15, NC 270	-12	1	d. Email Addı			
c. Phone Number	d. Email Address					AA COM	
	CPOUR @ TRIAD	. ER. com	536-766-0306		C20 3500)	Add	
5. Assistant Treasu	rer Information	Add Add	6. Account Information (incl. CRO-3500) Add				
. Full Name		Remove	a. Financial Institution Full Name   Remove   Re				
	_		BB4 1 (84	sumen Re	meing t	18251)	
b. Mailing Address (include City, State, and Zip Code)			b. Purpose				
	-				·		
Phone Number	d. Email Address		c. Code	d. Туре			
				·			
CERTIFICATION	<u> </u>						
EXITICATION	ommittee is in complian		ions of Article 22 A	including tha	t no funds are	commingled	
I certify that the Co	ommittee is in compliant deral or out-of-state PAC	ce with an provisi	hat this report is com	plete, true an	d correct.	_	

X CHARLES J. PEUER
Printed Name of Signer

Signature of Appointed Treasurer

CRO-2100A

NC State Board of Elections

May 2003

CBAPORE

5002 VICE 11 BM 1: 78

TORSYTH COUNTY POR PER FOLIOP T



## 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 Treasurer**

FILED BY:		
Candidate Name:	JOHN S. RUSHTON CHARLES J. PELLER	<del></del>
Treasurer Name:	110 LIVINGSTONE COURT	
Treasurer Address: (include city, state, & zip)	CLEMMONS, NC 27012	
Treasurer Phone:	(336) 766-0306	

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.

8 8 05 Date Signed

Signature of Candidate



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:	COMMITTEE TO ELECT JOHN S. RUSHTON
Treasurer Name:	CHARLES J. PETLER
Treasurer Address:	110 LIVINGSTONE COURT
(include city, state, & zip)	CLEMMONS, NC 27012
Treasurer Phone:	(336) 766-0306
expenditures during this election of elections and file required THIS DECLARATION CALL.  I am withdrawing my Call.	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 a campaign finance reports.  NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Certification to remain under the \$3000 threshold. I will now be required to the for all contributions and expenditures that have not been previously reported the rent election cycle. I further agree to file all future reports required.
8/8/05	John S. Kah
Date Signed	Signature



State Board of Electio 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:	<i>C</i> • • • • • • • • • • • • • • • • • • •	15 TO GLECT	DUN S. Ru	SHIM		
Committee Name:	( ) Mm // 10	1 On The	1011			
Treasurer Name:	CHARUS	J. PELLIER		<u> </u>		
Treasurer Address	: 110 UV	IINGSTONG COV	<u> </u>	<u></u>		
(include city, state, &	zip) CLtmm	CLEMMONS, NC 27012				
Treasurer Phone:	(336)	(336) 766-0306				
for the above named Caccounts, money mark Committee.	mation provided below is Committee. These account cet or savings accounts, o	true and accurate. I am pr at numbers include all bank r any other financial accou	oviding all account in accounts utilized, cre nt used for any purpor	se by the		
The information provi	ded would only be used I	dered confidential and is no for the purposes of an audi cessary to assign each acco	unt number a "code" i	in order to		
provide account inform	nation on required discio	sure reports. If an account ned to have been waived.	numour is about is	•		
provide account inform	nation on required discio	ned to have been waived.  Address	Account Number	Code		
provide account inforce confidentiality of the a	nation on required disclo- account number is presum	ned to have been waived.	numour is about is	•		
provide account information confidentiality of the a Type of account	nation on required disclosic account number is presum Financial Institution	Address  GUSY SYMMATON	numour is about is	•		
Provide account information confidentiality of the authorized Type of account  CHECKING  By signing this statem provided.	nation on required discloraccount number is presum  Financial Institution  BB+T  ent, I authorize agents of	Address  GUSY SYMMATON	Account Number	Code		
Provide account information confidentiality of the authorized Type of account  CHECKING  By signing this statem	nation on required discloraccount number is presum  Financial Institution  BB+T  ent, I authorize agents of	Address  GUSY Symuation  Limitaly Symuation	Account Number	Code		
Provide account information confidentiality of the analysis of	nation on required discloraccount number is presum  Financial Institution  BB+T  ent, I authorize agents of	Address  GUSY Synua Front  the State Board of Election  fy that this committee will	Account Number  Ins to inspect all account Signature of Treasurer	Code		
Provide account information confidentiality of the analysis of	ration on required discloraceount number is presum  Financial Institution  BB+T  ent, I authorize agents of	Address  GUSY Synua Front  the State Board of Election  fy that this committee will	Account Number  Ins to inspect all account Signature of Treasurer	Code		