Statement of Organization - Candida Complete

Amendment	
Yes	No

1. Committee Information a. Full Name		c. ID Number			
Committee to reelect Nelson Malbyf b. Mailing Address (include City, State and Zip Code)	12YQUP d. Date Organized				
626 West 14th Street					
626 WEST IA STREET		July 12, 2005			
Winston-Salem, NC 27105		e. Phone Number			
		336-722-4906			
2. Candidate Information	Candidate's Primary Committee				
a. Full Name	c. Candidate ID Number	d. Party Affiliation			
NELSON LEE Malloy Jr.	12YQUP	Democratic If Jurisdiction			
h. Mailing Address (include City, State, and Zip Code)	e. Office Sought				
626 West 14th Street Winston-Salem, NC 27105	Northward Council Seat WS				
Winston- Salery No Series	(If office sought is nonpartisan				
	Party Affil				
3. Treasurer Information	4. Custodian of Books Informs	tion			
a. Fall Name	a. Fuil Name				
Muriel D. Wilkins Muriel D. Wilk					
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, Stat	e, and Zip Code)			
606 West 14th Street	606 WEST 14th ?				
Winston-Salem, NC 27105	Winston-Sale	m, NC 27105			
c. Phone Number d. Email Address	c. Phone Number d. Email Addr				
	721-2530 wees@	lind account			
336-721-2530 weecs Otriad. rr. com		CRO-3500) Add			
5. Assistant Treasurer Information Add	6. Account Information (incl. a. Financial Institution Full Name				
Mary Samuels	Mechanics and Fa				
b. Mailing Address (include City, State, and Zip Code)	b. Parpose				
290 Pine Tree Rd					
Winston - Salem, NC 27105	Diration of Can	pairan Expanses			
	c. Code d. Type	1			
767-7716					
CERTIFICATION	سه بي البين البين				
*					
I certify that the Committee is in compliance with all provision	ons 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.					
H Harris The TRACT					
Muriel D. Wilkins Unich July 13,2003					
Printed Name of Signer Sign	ature of Appointed Treasurer				
CRO-2100A NC State Board	1 of Elections	May 2003			
K SEALAEN					
	I have have	n open yet.			
* Account Information. Hocount El MESUI					
* Account Information: Account has not been open yet.					
n de la constante de la constan La constante de la constante de					
The second s					



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 Treasurer

FILED BY:	
Candidate Name:	NElson Lee Malloy, Jr.
Treasurer Name:	Muriel Diane Wilkins
Treasurer Address:	606 West 14th Street
(include city, state, & zip)	Winston-Salem, NC 27105
	· · · · · · · · · · · · · · · · · · ·
Treasurer Phone:	336-721-2530 or 336-986-2469
· · · · · · · · · · · · · · · · · · ·	

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.

1 abm 2 M Alw Signature of Cartelidate

Certification of Treasurer

March 2003



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: Treasurer Name: Treasurer Address: (include city, state, & zip)

Treasurer Phone:

336-721-2530 or 336-986-2469

telson IV

Check One:

✓ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

Certification of Threshold





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:

Committee Name:	Committee to re-elect Nelson Nelley, Jr. for Councilman for Northward.
Treasurer Name:	Muriel Diane Wilkins
Treasurer Address:	606 West 4th Street
(include city, state, & zip)	Winston-Salem, N.C. 27105
Treasurer Phone:	336-721-2530 or 336-986-2469

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	lumber	Code
checking	Mechnics & Farmers	770 Martin	h beeking		NLM
			h		

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

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

RECEIVED

Signature of Candidate

CRO-3500

69: 17 Wd 12 Thr 5002 Certification of Financial Account Information SUBLOSE BLOSE BLOSE AINTIGO HIASHOS

March 2003