



### 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:	JIMMIE BON HAM	
Treasurer Name:	TAYE LOTT	
Treasurer Address:	1617 E. 14th St	
(include city, state, & zip)	Winston SAllm, n.c	
Treasurer Phone:	(336) 722. 455 8	

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.

Signature of Candidate

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Certification of Treasurer **EOBZAIH CUMMLA** 

March 2003

Amendment Statement of Organization - Candidate Committee ☐ Yes ☐ No 1. Committee Information a. Full Name c. ID Number Committee To Elect Jimmi E Bunlton b. Mailing Address (include City, State and Zip Code) d. Date Organized 1617 E 14th St 2/14/08 Winston Saltm, Mic 27105 e. Phone Number 336) 722-4583 2. Candidate Information Primary Candidate Committee a. Full Name b. Candidate ID Number JIMMIE LEE Bonham . Office Sought d. District/County/Municipality c. Party Affiliation Distric Board of Education District (If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.) Dem 3. Treasurer Information 4. Custodian of Books Information a. Full Name a. Full Name TAYE TAYE LOTT b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) 1617 E. 14th St. 1617 E. 14th St W-5, no Winston- Salon, n.C 27105 d. Email Address c. Phone Number c. Phone Number d. Email Address <del>\$34</del>} B3-4558 5. Assistant Treasurer Information Add (incl. CRO-3500) Add. 6. Account Information a. Financial Institution Full Name e. Full Name Remove Remove BB > T b. Mailing Address (include City, State, and Zip Code) b. Purpose Campsia n c. Code c. Phone Number d. Email Address CERTIFICATION I certify that the Committee is in compliance with all provisions 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. 212766

CRO-2100A

Printed Name of Signer

NC State Board of Elections

Signature of Appointed Treasurer

March 2003



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## **Certification of Threshold**

FILED BY:	
Committee Name:	Committee TO Flact Jimmie Bushas
Treasurer Name:	TAYE LOTT
Treasurer Address:	1617 E 14th St
(include city, state, & zip)	Loinston - Jalym, TIL 27105
Treasurer Phone:	(336) 722- 4558
until the end of the election cycle expenditures during this election of elections and file required ca	tee intends to neither receive nor expend more than \$3,000 during the current lures set forth in G.S. 163-278.10A. This certification will remain in effect cle for this committee. If this committee exceeds \$3,000 in contributions or on cycle, I understand that I must immediately notify the appropriate board ampaign finance reports.  ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
me the next scheduled report fo	tification to remain under the \$3000 threshold. I will now be required to or all contributions and expenditures that have not been previously reported at election cycle. I further agree to file all future reports required.
2 27 1660 Date Signed	Signature



COPY

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### Confidential

# **Certification of Financial Account Information**

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Treasurer Name	- TAI	E LOTT	······································	
Treasurer Addre	ss: 1617	E, 14th SI		
(include city, state, &	& zip) Uins	ten SAltm	nc	
Treasurer Phone:		DD-4583		
TOT THE BOOVE HATHER	rmation provided below is Committee. These account ket or savings accounts, or	I numbers include all bar	k accounts utilized as	madie aand .
a court of competent j	ided on this form is consided would only be used for it will be necessarion on required disclosure 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	s required by
Type of account	Financial Institution			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TARRICIAL THRUTHUM	Address	Account Number	Code
Chacking Chap	BB; T	New walket	Account Number	Code
Chacking Come  By signing this statement provided.		New walket		
Chacking Cha	BB;	New walked	ns to inspect all accoun	nts 200 Page
By signing this statement provided.  Date Signed  In lieu of providing accer	BB;	New walked.	as to inspect all account acco	nts Zong Fors
By signing this statement provided.  Date Signed  In lieu of providing accer	BB; ent, I authorize agents of the	New walked.  The State Board of Election  Signate that this committee will to see this option.)	as to inspect all account acco	nts Zan Forsy, Time to the control of the control o