

North Carolina State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting

CRO-3100



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

March 2003

Certification of Treasurer

FILED BY:	
Candidate Name:	A.L. "Bully" Collins
Treasurer Name:	Amy E. Durcas
Treasurer Address:	430 West Martain St
(include city, state, & zip)	Kerners v. Ne N. C:
Treasurer Phone:	336-996-7921
sanctions in Subchapter VIII. General Statutes. I understand that if the above	nation is correct, and I, as candidate, appoint said treasurer to personally fulfill a imposed upon the appointed treasurer and subject to the penalties and Regulation of Election Campaigns of Chapter 163 of the North Carolina Treasurer changes, it will be necessary to certify a new treasurer and amend anization within 10 days of the vacancy.
2-14-2006 Date Signed	A J alin
Date Signed	Signature of Candidate PH 3: 41

Certification of Treasurer

Statement of Organization - Candidate Committee Yes Yes ☐ No 1. Committee Information a. Full Name c. ID Number Committee to Elect A. L. (Buddy) Collins b. Mailing Address (include City, State and Zip Code) d. Date Organized 430 West mountain Street Kernersuille, MC 27284 e. Phone Number 336-996-6900 2. Candidate Information Candidate's Primary Committee Full Name c. Candidate ID Number d. Party Affiliation Arrillee Collins Republican Mailing Address (include City, State, and Zip Code) e. Office Sought f. Jurisdiction 430 was + mountain street School Board) Board of Education-large Kornorsville, MC 27284 (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.) 3. Treasurer Information 4. Custodian of Books Information . Full Name a. Full Name . Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) 430 Wost mountain Stoot . Phone Number d. Email Address c. Phone Number d. Email Address 9910-1931 KOMORN $M \sigma$ 5. Assistant Treasurer Information 6. Account Information Add (incl. CRO-3500) . Full Name Remove . Financial Institution Full Name Remove First Communic b. Mailing Address (include City, State, and Zip Code) b. Purpose .. Phone Number d. Email Address c. Code d. Type ALC heetin 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. My L. Duncay of Appointed Treasures

NC State Board of Elections

CRO-2100A

Amendment

May 2003



State Board of Elections 506 N Hamington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting

FILED BY:

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Confidential

Certification of Financial Account Information

Committee Nam	ie: <u>A.L.</u> (1	Buddey) (alli	25	
Treasurer Name	_	7.7		
Treasurer Addre		st mountain	& oork	
(include city, state,	and the second s	villo, NC 2		
Treasurer Phone:	336-99	6-7921		
for the above named	Committee. These accou	is true and accurate. I am int numbers include all be or any other financial acc	ink accounts utilized, c	redit card
a court of competent j provide account infor	rided would only be used jurisdiction. It will be ne mation on required discle	idered confidential and is for the purposes of an au- cessary to assign each account osure reports. If an accounted to have been waived.	dit or investigation or a count number a "code" nt number is used as th	is required by
Tomas de la company of the	account number is biesur	neu to have been waived.		
Type of account	Financial Institution	Address	Account Number	Code
		Address 2000 West 1548	Account Number	Code
Checking	Financial Institution First (crown) de	Address	Account Number	ALC
Type of account Chocking By signing this statement	Financial Institution First (crown) de	Address 2000000015151515151515151515151515151515	Account Number	ALC
By signing this statement provided. 3-14-2-64 Date Signed In lieu of providing account	Financial Institution First (crown) decembers of authorize agents of	Address 2000 2000 15454 Suite 102 104 the State Board of Election Victory 104 the State Board of Election Victory 104 The State Board of Election Victory 104 The State Board of Election Victory 104 Vi	Account Number ons to inspect all accounts a signature of Treasurer	ALC



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Certification of Threshold

FILED BY:	•	
Committee Name:	A.L. (Budde) (611ins	·
Treasurer Name:	I Amy K Durian	_
Treasurer Address:	430 west maintain Stone &	4
(include city, state, & zip)	: PBCEG IN, Olliseumon	
Treasurer Phone:		
reasurer Phone:	336-996-7921	· · · · · · · · · · · · · · · · · · ·
until the end of the election of expenditures during this election of elections and file required THIS DECLARATION CAN	ONLY BE MADE AT THE BEGINNING OF AN	tion will remain in effect 3,000 in contributions or fy the appropriate board ELECTION CYCLE.
	ertification to remain under the \$3000 threshold. I we for all contributions and expenditures that have not be rent election cycle. I further agree to file all future rep	
3-14-2000 Date Signed	11-0/1	M