



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:							
Candidate Name:	CHAPLES "KEVIN" BUGG						
Treasurer Name:	KEVIN BUGG						
Treasurer Address:	305 ASBURY DR						
(include city, state, & zip)	KERNERSVILLE NC 27284						
-							
-							
Treasurer Phone:	336-992-2937						
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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).							
7 /25 /0'7 Date Signed	Charles Lea By Signature of Candidate						

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Statement of Organization - Candidate Committee

Amendment

Yes

No

Use this form to create a new or update an existing candidate committee This form must be accompanied by forms CRO-3100 and CRO-3500

1. Committee Information				1		
a Full Name LEVIN BUGG FOR ALDEREMAN				c, ID Number		
CHARLES KEVIN BUGG	•		Laye	,N5		
b. Mailing Address (include City, State and Zip Code)			d. Date Orga	nized		
305 ASBURY DR			7/20	107		
KERNERSYILLE, NC 2728	<i>i</i> 4	e. Phone Number		aber		
,			336 - 9	92 - 2937		
2. Candidate Information	Candidate's P	rimary Commi	1			
a. Full Name	c. Candidate ID Num		d. Party Affil	3 4.00/201		
CHARLES KEVIN BUGG	LQY615	5	NOV	PARTISAN		
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought			f. Jurisdiction		
305 ASBURY DR	ALDERM	1 ALLUL KLIVIAN		VERNERSVILLE NC		
KERNERSVILLE, NC	ALC CC					
27284	(If office sought i	s nonpartisan, Party Affil	-	oartisan" in [d]		
3. Treasurer Information	4. Custodian of B	sooks Antorme	tion			
a. Full Name	a. Full Name					
CHARLES KEYIN BUGG	CHARLES	KEVIN	BUGG			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in			e)		
305 ASBURY DR	1	305 ASBURY DR				
KERNERSVILLE, NC 27284	KERNET	esville	E , NC	27284		
c, Phone Number d. Email Address	c. Phone Number	d. Email Addr				
336-992.2937 FOURBULLS @TRIAD. FR. COM	336-992-293	FOURBUR	465@ TP	AD. RP.CON		
5. Assistant Treasurer Information Add	6. Account Inform	nation (incl.		Add		
a. Full Name Remove	a. Financial Institution	n Full Name		Remove		
	BANK OF	NORTH C	AROLIN	A		
. Mailing Address (include City, State, and Zip Code)	b. Purpose					
	CAMPAIGA	1 FINAN	ICES			
Phone Number d. Email Address	c. Account Code	d. Type				
		CHECK	126			
ERTIFICATION						
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.						
CHARLES KINN BUGG Charles de Beg 7/25/07						
Printed Name of Signer Signature of Appointed Treasurer Date						



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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:	and the second s					
Committee Name:	KEVIN BUGG FOR ALDERMAN					
Treasurer Name:	CHARLES KENIN BUGG					
Treasurer Address:	305 ASBURY DIR					
(include city, state, & zip)	KERNERSVILLE, NC 27284					
Treasurer Phone:	336-992.2937					
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.						
7/25/07	charles her Bux					
Date Signed	Signature					

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FILED BY:

Committee Name:

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

Treasurer Name:

Treasurer Phone:

CRO-3500

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

June 2007

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

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,

KEVIN BUGG FOR ALDERMAN

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 "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.							
Type of account	Financial Institution	Address	Account Number	Account Code			
CHECKING	BANK OF NOLTH	211 BROAD ST					
	CAROLINA	211 BROAD ST KERNERSVILLE NC					
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. 7							
Date Signed		Signature	of Candidate or Treasurer				

Certification of Financial Account Information