

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:	HArvey D. Pollan J	74
Treasurer Name:	HATVEY D. Pollam, I	TK.
Treasurer Address:	413 Holf 5T	
(include city, state, & zip)	Kernersville, NC	27284-2635
Treasurer Phone:	336-896-3655	

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).

RECEIVED

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

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MIACONIFICATION of Treasurer

June 2007.

CRO-3100

Statement of Organization - Candidate Committee 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

Amendment ☐ Yes

Aprendiction of the property o	This form must be accompanied by forms CRO-3100 and C	RO-3500				100
Additing Address (include City, State, and Zip Code) April Name April Description Apri	a. Full Name			c, ID Number		r.
### Candidate Information Candidate Information	HAROLY DAOIS PS//itm = TT	COMITTEE		734	729	>
Foundate Information	415 HOLT 5V=	<u> </u>		a. Date Organ	1/0/	
Full Name Candidate In Number d. Party Affiliation	Karuansille, N.C. 272					
Full Name C. Candidate ID Number A PATY NOTICE SUBJECT TO A PATY ATTILISTICS Address (Include City, State, and Zip Code) A PATY NOTICE Subject To A Law of 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.	- 1270H3		Nicolar Control		<u> 325</u>	. Days se
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Assistant Treasurer Information Assistant Treasurer Information Full Name 6. Account Information a. Financial Institution Full Name A Full Part of State, and Zip Code) b. Purpose Centre Is it to be a full formation Centre Is it for a federal or out-of-state PAC. I further say that this report is complete, true and correct. April D. Pollistan Is the full formation Account Code April D. Pollistan Is the full formation Account Code Account	Phone Number d. Email Address	c. Phone Number	d. Email Addr			
Assistant Treasurer Information Add CAccount Information Add CROSSON Add	996-365) h Pull more TR:d. P.A. lon	9967658	11. 12 11 a.	nething to	Am. Go	ev
Mailing Address (include City, State, and Zip Code) Mailing Address (include City, S	S-Assistant Treasurer Information American Address	6. Account Inform	1 7 7 7		Addition	
Mailing Address (include City, State, and Zip Code) Leave 15 illo 127182 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. HATVOYD. Pollitan 12 Kenny Leave 1/106/85	-/	nervice.				HOA
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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.	791-3155 A PollimeTR: Ad. P.M.Co-			(MO
with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct. HAT VOLD. Pollitan 12 Keep Declared 1/06/87			<u> </u>		<u> </u>	(./.)
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North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FILED BY:

CRO-3500

Committee Name:

Treasurer Name:
Treasurer Address:

COPY

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

(include city, state,	& zip) Kel 0 @	15166 NE	122282	"
Treasurer Phone	336-996	-3655		
I certify that the informathe above named Com	mation provided below in mittee. These account i	is true and accurate. I am provinumbers include all bank accouer financial account used for an	riding all account informations utilized, credit card account	counts,
information provided court of competent jur to provide account inf	would only be used for isdiction. It will be nec- ormation on required di	sidered confidential and is not r the purposes of an audit or it essary to assign each account r isclosure reports. If an account s presumed to have been waive	investigation or as require number a "account code" in it number is used as the "a	ed by a n order
Type of account	Financial Institution	Address	Account Number	Account Code
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	ment, I authorize agents			

Certification of Financial Account Information



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

CRO-3600

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

June 2007

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:	
Committee Name:	HARVEY D. VUIIAM TO Narvey D. Holling TA
Treasurer Name:	Alapoer 1) Holling TR
Treasurer Address:	415162757
(include city, state, & zip)	Lelveisosue WC 2728x
et .	<u> </u>
Treasurer Phone:	996-365-3
election cycle under the p until the end of the election expenditures during this e of elections and file require	nmittee intends to neither receive nor expend more than \$3,000 during the current recedures set forth in G.S. 163-278.10A. This certification will remain in effect on cycle for this committee. If this committee exceeds \$3,000 in contributions or election cycle, I understand that I must immediately notify the appropriate board red campaign finance reports. AN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
file the next scheduled rep	ny Certification to remain under the \$3000 threshold. I will now be required to port for all contributions and expenditures that have not been previously reported current election cycle. I further agree to file all future reports required.
7/06/8 9 Date Signed	Han D. Pulling
Note: This Certification is	to be filed at the Election Board where the committee's campaign reports are filed.

Certification of Threshold