

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing gandidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500. 8: 11

This form must be accompanied by forms CRO-3100 and CRO	9-3800. O+	gyrightigg (ministrato) o Profigio (ministrato) securiti	
1. Committee Information		c. ID Number	
a. Full Name REVI J BUCG FOR ALDSENAGE TO			
CHARLES KENIN BUGG		8CQ495	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
305 ASBURY DR		7/16/09	
LERNORSVILLE, NC 27284		e. Phone Number	
		336-992-2937	
2. Candidate Information	Candidate's Primary Commi		
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
CHARLES KOVIN BUGG	8ca495	NOW - PARTISAN	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
305 ASBURY DIR	ALDERMAN	KARABRINILE	
ILERANDESVILLE, NC 27784	(If office sought is nonpartisan Party Affi	•	
3. Treasurer Information	4. Custodian of Books Inform	ation	
a, Full Name	a, Full Name		
CHAPLES KOVIN BUGG	CHARLES KOUIN		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, Sta		
305 ASBURY DP	305 ASBURY I		
LERNERSVILLE, AC 27284	1/ERNERSVICE	E, NC 27284	
c. Phone Number d. Email Address	c. Phone Number d. Email Add	ress	
316-992-2431 (BUBB)	336-917-2937 KOVIND		
5. Assistant Treasurer Information Add	6. Account Information - (inc	L CRO-3500) Add	
a. Full Name Remove	a. Financial Institution Full Name	Remove	
	BANK OF NORTH CA	POUNA	
b. Mailing Address (include City, State, and Zip Code)	b, Purpose		
	CAMPAIGN FINI	ANCES	
c. Phone Number d. Email Address	c. Account Code d. Type		
	CHEC	PLINGS	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct. CHAPLES WIND BULL Printed Name of Signer Signature of Appointed Treasurer Date			
7 : 111100 7 : 10110 07 = 101101			



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 "KEVIL" BUGG
Treasurer Name:	KEYIN BUGG
Treasurer Address:	305 ASBUPY DR
(include city, state, & zip)	KERNORSVILLE, 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).

7/16/09
Date Signed

Jack Signed

Signature of Candidate

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



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

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

FILED BY:

Committee Name: Treasurer Name: Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

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

27284

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

336-992-2937

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,

COUND BUGG FOR ALDERMAN

money market or savi	ngs accounts, or any othe	r financial account used for a	ny purpose by the Commit	tee.
information provided court of competent jui to provide account in code", confidentiality	would only be used for risdiction. It will be nece formation on required dis of the account number is	idered confidential and is not the purposes of an audit or issary to assign each account a sclosure reports. If an account presumed to have been waive	investigation or as require number a "account code" in the number is used as the "a ed.	ed by a in order account
The treasurer shall mexclusively by the pol	aintain all moneys of the litical committee and shal	political committee in a ban I not commingle those funds	k account or bank accour with any other moneys.	its used
Type of account	Financial Institution	Address	Account Number	Account Code
CHEZUNG	BANK OF NOLTH LARRINA	ZII BEOND ST. KEKNEYSVILLE, NC.		
		KERNERSVILLE, NC.	ઝન્ ન	
By signing this state provided.	ement, I authorize agents	of the State Board of Election	ns to inspect all accounts Les Les B gnature of Candidate or Treasure	\$ }
Date Signature of Candidate or Treasurer 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		Sig	gnature of Candidate or Treasure	•
CRO-3500	Certification o	f Financial Account Informat	ion Augu	st 2008



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

Additional account numbers:

Type of Account	Financial Institution	Address		Account Number	Account Code
NOF					
			<u> </u>		
		 			
-					

71	Ь	03	
Date Signed			

Signature of Candidate or Treasurer



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 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:	KEVIN BUGG FOR ALDERMAN
Treasurer Name:	CHARLES KENIN BUGG
Treasurer Address:	305 ASBURY DIR
(include city, state, & zip)	LERNESVILLE, NC 27284
Treasurer Phone:	336-992-2937
election cycle under the procuntil the end of the election of expenditures during this election of elections and file required THIS DECLARATION CAN I am withdrawing my of file the next scheduled report	ittee intends to neither receive nor expend more than \$3,000 during the current edures set forth in G.S. 163-278.10A. This certification will remain in effect ycle for this committee. If this committee exceeds \$3,000 in contributions or tion cycle, I understand that I must immediately notify the appropriate board campaign finance reports. I ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain under the \$3000 threshold. I will now be required to for all contributions and expenditures that have not been previously reported trent election cycle. I further agree to file all future reports required.
7/16/09 Date Signed	chules ham BSS

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