FORS) 80430	Statement of Organization - Candidate Committee Use this form @@reate a new or update an existing candidate committee.		Amendment  Yes	□ No
2009 JUL RE	1. Committee information		s. ID Number	
	HACUEY D. POIL AW TR. b. Mailing Address (include City, State and Zip Code)		5009 JUI 500 E di Date Gergnizes	<b>L</b> 50 AM 11
			e. Phone Number	EIVEC
	2. Candidate Information			
	# Full Name E. Candidate 1D Number 1	Service Company Service Comment	d. Party Affiliatio	4 - 2 - 3
	b. Mailing Address (include City, State, and Zip Code) e. Office Sought  475 Holl 5  All John	chica		irisdiction
		nonpartisan, Party Affili	write "Nonparti ation.)	isan" in [d]
	3. Treasurer Information 4. Custodian of Bu a. Full Name a. Full Name	ooks Informa	tion .	
)	HAMALING Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code)	clode City, State	and ip Code)	
	C. Phone Number de Email Address C. Phone Number	RAZLA BAZLA Id Email Addre		सर्वसूक्तानी सम्बद्धाः सम
				***************************************
	5 Assistant Treasurer Information Add 6. Account Information Remove a Financial Institution	The state of the s	The second second	Add Remove #
75	Mailing Address (include City, State, and Zip Code)  b. Haubose  b. Haubose		- Ja	
Ċ,	415 Hold ST Phone Number d. Email Address & Account Gode	<b>d.</b> Туре		
e ©	99(-365 / h Pullante ? mil	Juse		
	I certify that the Committee or Fund is in compliance with all applicable provision Chapter 163 of the NC General Statutes and that no funds are commingled with p further certify that this report is complete, true and correct.	ns of Article 2 rohibited or o	22A, 22B & 22D ther non-disclos	0-22M of ed funds. I
	HARve D. Poll. mg V7 House of Signature of Appointed Treasure	urer urer	6 1 Bate	14/05

CRO-2100A

NC State Board of Elections

December 2007



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2009 JUL 21 AM 9: 20

RELLIVED



North Carolina

State Board of Elections 506 N Harrington Street

Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting PARTY I

2009 JUL 15 AM 11: 36

REULIVED

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:	HAPVEY Toll. Am TR
Treasurer Name:	HAPVEY PULL AIN TR
Treasurer Address:	41 NOLT ST.
(include city, state, & zip)	Kenners viche NC 27284.263
Freasurer Phone:	316-991-3655

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 Date Signed

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

COPY

209 JUL 21 AM 9: 20

RECEIVED

FILED BY:



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

2009 JUL 15 AM 11:

RECEIVED

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

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

Committee Name:	HARVEY TOlliAm JE
Treasurer Name:	HAJURY PULLAM JR
Treasurer Address:	415 AOLT 5X
(include city, state, & zip)	LONNERS VICLE NG 27284-2637
Treasurer Phone:	336-596-3650
certify that the information	provided below is true and accurate. I am providing all account information for

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, 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.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
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By signing this sta	tement, I authorize agents	s of the State Board of Election	ons to inspect all accounts	
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Tovided 1		1	<i>(</i> )	/
7/14/0	57_	Han	- Pudi	-h
7/14/2 Date Signed	<u> </u>	•	Signature of Candidate or Treasurer	-h
Date Signed in lieu of providing	gaccount information, I co	ertify that this committee wil	,	
Date Signed In lieu of providing	account information, I can fee. (Only candidates ma	ertify that this committee wil	,	-h
Date Signed in lieu of providing	g account information, I congress of the contraction of the contractio	ertify that this committee wil	,	

CRO-3500

Certification of Financial Account Information

August 2008