# **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 No	***************************************

1. Committee Information	· · · · · · · · · · · · · · · · · · ·		c. ID Number	1 Marena A.P.
COMMITTEE TO ELECT A.D. (2	ANDER) FU	¥	. ID IVERIOUS	
b. Mailing Address (include City, State and Zip Code)		0 -	d. Date Organ	ized
P.O. BOX 2835			7/6	62
SURF CTY, NC 28445			e. Phone Numi	
2024 (19.142 2044)				
	1			28-1514
2. Candidate Information 2. The second secon	L. Candidate's Pri c. Candidate ID Numbe		t <b>ee</b> // d. Party Affilia	tion
A.D. (ZANDER) GLY			Den	
b. Mailing Address (include City, State, and Zip bode)	e. Office Sought		<u> </u>	f. Jurisdiction
P.O. BOX 41800 SURF CUTY, NC 28445	Office (If office sought is		V	artisan" in [d]
<u> </u>		Party Affil		
3. Treasurer Information 2.5 1	4 Cristodian of Bo a. Full Name	oks intorna	(COLE - S. PAR	
Boyce FAy b. Mailing Address (include City, Sale, and Zip Code)	b. Mailing Address (include City, Mate, and Zip Code)			
			e, and Zip Cod	e)
Po 130x 2835	PO BOX			_
SURF CITY, NC 28465	Surc C	My, N	x 281	<del>1</del> 42
	c. Phone Number	d. Email Addı	ress	
910-28-1514 believe charter.net				harter.net
5. Assistant Treasurer Information	6. Account Inform  a. Financial Institution		CRO-3500)	Remove
N/A	BANK		meric	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose			
	CAMPA	HGN		
c. Phone Number d. Email Address	c. Account Code	d. Type		* 1
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.				
Hexander Coay Bo Printed Name of Signer Sig	nature of Appointed Tea	Sprer	2-	Date



# 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:	A.D. (ZANDER) Guy
Treasurer Name:	BOYCE KAY 0
Treasurer Address:	Po Box 2835
(include city, state, & zip)	SURF CITY NC 28445
	<u> </u>
Treasurer Phone:	910-328-1514 (600) 526-6795

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 4 07
Date Signed

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

Signature of Candidate



### North Carolina

## 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:

Treasurer Phone:

CRO-3500

(include city, state, & zip)

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, 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

EE 40 ELECT A.D. (ZANDER

pe of account	Financial Institution	Address	Accoun	t Number Account Code
heckins	BANK of America	Surc L	n i	
U			0	
signing this sta	tement, I authorize agents	of the State Board of	Elections to inspect all	accounts
vided.	•			1/
7/4/0	7	لوک ا	- ans	~ \
Date Signed			Signature of Candida	te or Treasurer
ieu of providin	g account information, I co	ertify that this commit	tee will not raise or spe	end any money
•	g fee. (Only candidates m			

Certification of Financial Account Information



## North Carolina

### State Board of Elections

506 N Harrington Street Raleigh, NC 27603

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DIL ED DV.

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:	COMMITTEE TO ELECT A.D. GARGER) GUY
Treasurer Name:	Boyce Kay
Treasurer Address:	Pol. 28 35 ()
(include city, state, & zip)	SURF CITY, NY 28445
Treasurer Phone:	910.328-1514 Cell 910.524-6795
election cycle under the p until the end of the election expenditures during this confelections and file require	mmittee intends to neither receive nor expend more than \$3,000 during the current procedures 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.  CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
file the next scheduled re	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.
7/5/07	Signature
Date Signed	Signature
Note: This Certification i	s to be filed at the Election Board where the committee's campaign reports are filed.

CRO-3600

Certification of Threshold

June 2007