

COPY

Statement of Organization - Candidate Committee

Amendment
 Yes No

| | | | |
|--|---------------------|--|----------------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| Billy W. McHone for Councilman | | B5Y8R6 | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 1875 Griffin Road Rural Hall, NC 27045 | | July 11, 2005 | |
| | | e. Phone Number | |
| | | 336 9696569 | |
| 2. Candidate Information | | <input type="checkbox"/> Candidate's Primary Committee | |
| a. Full Name | | c. Candidate ID Number | d. Party Affiliation |
| Billy W. McHone | | B5Y8R6 | Nonpartisan |
| b. Mailing Address (include City, State, and Zip Code) | | e. Office Sought | f. Jurisdiction |
| 1875 Griffin Road Rural Hall, NC 27045 | | Councilman | Village of Tobaccoville |
| | | (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.) | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| Billy W. McHone | | Billy W. McHone | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 1875 Griffin Rd. Rural Hall, NC 27045 | | 1875 Griffin Rd. Rural Hall, NC 27045 | |
| c. Phone Number | d. Email Address | e. Phone Number | d. Email Address |
| 336 9696569 | mchoneb@netzero.net | 336 9696569 | mchoneb@netzero.net |
| 5. Assistant Treasurer Information | | 6. Account Information (incl. CRO-3500) | |
| a. Full Name | | a. Financial Institution Full Name | |
| same as above | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| | | | |
| c. Phone Number | d. Email Address | c. Code | d. Type |
| | | | |
| 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. | | | |
| Billy W. McHone | | Billy W. McHone | |
| Printed Name of Signer | | /Signature of Appointed Treasurer | |
| | | Date | |
| | | July 13, 2005 | |

CRO-2100A

NC State Board of Elections

May 2003

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

Kimberly Westbrook
Deputy Director – Campaign Reporting

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

Certification of Treasurer

FILED BY:

Candidate Name: Billy W. McHone
 Treasurer Name: Billy W. McHone
 Treasurer Address: 1875 Griffin Road
 (include city, state, & zip) Rural Hall, NC
27045
 Treasurer Phone: 336 969-6569

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.

7-12-05
Date Signed

Billy W. McHone
Signature of Candidate



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

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

Certification of Threshold

FILED BY:

Committee Name: Billy W. McHone for Councilman
Treasurer Name: Billy W. McHone
Treasurer Address: 1875 Griffin Road
(include city, state, & zip) Rural Hall, NC 27045

Treasurer Phone: 336 969-6569

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.

7-12-05
Date Signed

Billy W McHone
Signature



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27605

Kimberly Westbrook
Deputy Director - Campaign Reporting

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

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: Billy W. McHone for Councilman
 Treasurer Name: Billy W. McHone
 Treasurer Address: 1875 Griffin Road
 (include city, state, & zip) Rural Hall, NC 27045
 Treasurer Phone: 336 969-6569

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 "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

| Type of account | Financial Institution | Address | Account Number | Code |
|-----------------|-----------------------|---------|----------------|------|
| | | | | |
| | | | | |

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

7-12-05
Date Signed

Billy W McHone
Signature of 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.)

7-12-05
Date Signed

Billy W McHone
Signature of Candidate