

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

Rec'd 11-3-04 998

COPY

1. Committee Information

a. Full Name

Paul Gerard Mistor

c. ID Number

372-88-8376

b. Mailing Address (include City, State and Zip Code)

705-D South Marshall
Winston-Salem, NC 27101

d. Date Organized

Oct 22, 2004

e. Phone Number

336-727-1282

2. Candidate Information

a. Full Name

Paul Gerard Mistor

☒ Candidate's Primary Committee

c. Candidate ID Number

372-88-8376

d. Party Affiliation

none

b. Mailing Address (include City, State, and Zip Code)

705-D South Marshall
Winston-Salem, NC 27101

e. Office Sought

County Soil + Water
Supervision Board

f. Jurisdiction

(If office sought is nonpartisan, write "Nonpartisan" in [d]
Party Affiliation.)

3. Treasurer Information

a. Full Name

Paul Gerard Mistor

b. Mailing Address (include City, State, and Zip Code)

705-D South Marshall
Winston-Salem, NC 27101

c. Phone Number

336-727-1282

d. Email Address

pmistor@aol.com

4. Custodian of Books Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

5. Assistant Treasurer Information

a. Full Name

☐ Add

☐ Remove

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

☐ Add

☐ Remove

none

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.

Paul Gerard Mistor

Printed Name of Signer

Paul Gerard Mistor

Signature of Appointed Treasurer

Nov 3, 2004

Date

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

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: Write-in Candidate
Treasurer Name: Paul Mistor
Treasurer Address: 705-D South Marshall
(include city, state, & zip) Winston-Salem, NC 27101

Treasurer Phone: _____

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.

I have not spent any money and plan to spend zero money on this campaign.
November 3, 2004 Paul D. Mistor
Date Signed Signature of Treasurer



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Certification of Treasurer

FILED BY:

Candidate Name:

Paul Mista

Treasurer Name:

Paul G. Mista

Treasurer Address:

705-D South Marshall

(include city, state, & zip)

Winston-Salem, NC 27101

Treasurer Phone:

336-727-1282

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.

November 3, 2004
Date Signed

Paul D. Mista
Signature of Candidate



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State Board of Elections

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Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name: Write in Candidate
Treasurer Name: Paul G. Mistar
Treasurer Address: 705-D South Marshall
(include city, state, & zip) Winston-Salem, NC 27107

Treasurer Phone: _____

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.

☐ 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.

November 3, 2004
Date Signed

Paul G. Mistar
Signature