



# Affidavit Attesting to Nickname

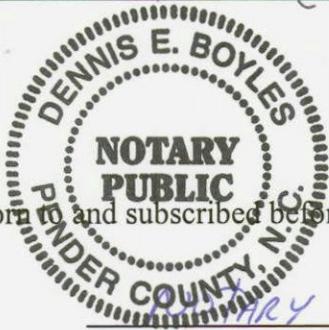
(NCGS § 163-106(a))

I, EDWARD STOKES PARRISH III have been duly sworn, hereby state under oath that I have been commonly known by the nickname, **BUTCH**, for at least five years and request that my name be placed on the ballot as follows: EDWARD S. (BUTCH) PARRISH. In the event that another candidate with the same last name as mine files notice of candidacy for the same office for which I am a candidate, my name should be listed on the ballot as follows:

EDWARD STOKES (BUTCH) PARRISH, III

*Edward S. Parrish III*

(Signature - legal name)



Sworn to and subscribed before me this 1st day of July, 2005.

Dennis E. Boyles

Title of Certifying Officer

*Dennis E. Boyles*

Signature of Certifying Officer

My commission expires: MARCH 31, 2010

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
PARRISH FOR COMMISSIONER		7R756V	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 3344 TOPSAIL BEACH NC		7/1/05	
		e. Phone Number	
		910-328-5974	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
EDWARD STOKES PARRISH, III			NON PARTISAN
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
P.O. Box 3344 TOPSAIL BEACH NC 28445		TOWN COMMISSIONER	
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
EDWARD STOKES PARRISH III		EDWARD STOKES PARRISH III	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO. BOX 3344 TOPSAIL BEACH NC 28445		PO BOX 3344 TOPSAIL BEACH NC 28445	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9103285974	NONE	9103285974	NONE
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
NONE		NONE	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type
<b>CERTIFICATION</b>			
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.			
EDWARD S. PARRISH		Edward S. Parrish III	7/20/05
Printed Name of Signer		Signature of Appointed Treasurer	Date

JUL 21 2005



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:

EDWARD STOKES PARRISH III

Treasurer Name:

EDWARD STOKES PARRISH III

Treasurer Address:

P.O. BOX 3344

(include city, state, & zip)

TO PSAIL BEACH NC 28445

Treasurer Phone:

910 328 5974

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.

7/20/05  
Date Signed

Edward Stokes Parrish III  
Signature of Candidate

JUL 21 2005



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State Board of Elections

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

**Certification of Threshold**

**FILED BY:**

Committee Name:

PARRISH FOR COMMISSIONER

Treasurer Name:

EDWARD STOKES PARRISH III

Treasurer Address:

PO BOX 3344

(include city, state, & zip)

TOPSAIL BEACH NC 28441

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.

7/20/05  
Date Signed

Edward Stokes Parrish III  
Signature

JUL 21 2005



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State Board of Elections  
506 N Harrington Street  
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PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: PARRISH FOR COMMISSIONER  
 Treasurer Name: EDWARD S. PARRISH  
 Treasurer Address: PO BOX 3344  
 (include city, state, & zip) TOPSAIL BEACH NC 28445  
 Treasurer Phone: 910-328-5974

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
NONE				

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

7/20/05  
Date Signed

Edward S. Parrish  
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.)

7/20/05  
Date Signed

Edward S. Parrish  
Signature of Candidate

JUL 21 2005

Edward S. (Butch) Parrish  
PO Box 3344  
Topsail Beach, NC 28445  
Phone/Fax 910-328-5974  
[Ed.parrish@att.net](mailto:Ed.parrish@att.net)

7/20/2005

Pender County Board of Elections  
PO Box 1232  
Burgaw, NC 28425

Ladies and Gentlemen:

Please be advised that I wish to withdraw my name as a candidate for the office of Town Commissioner of the Town of Topsail Beach.

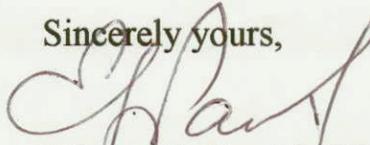
I am enclosing the appropriate organizational information for the candidate committee.

I have neither raised nor spent any money.

If I need to process any additional paperwork to shut down and cancel this campaign organization, please advise.

Thank you.

Sincerely yours,



Edward S. Parrish, III

JUL 21 2005