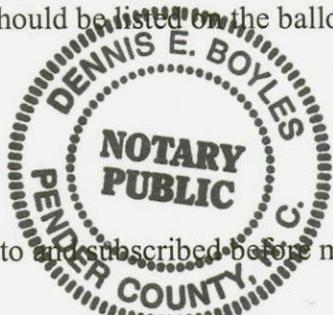




# Affidavit Attesting to Nickname

(NCGS § 163-106(a))

I, MAX CRAIG TEACHEY have been duly sworn, hereby state under oath that I have been commonly known by the nickname, CRAIG, for at least five years and request that my name be placed on the ballot as follows: CRAIG TEACHEY. 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: \_\_\_\_\_.



*Max Craig Teachey*  
(Signature - legal name)

Sworn to and subscribed before me this 27th day of July, 2005.

*Notary*  
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 <del>Max Craig Teachey</del> <del>Max</del> Craig Teachey	c. ID Number 8QY39X
b. Mailing Address (include City, State and Zip Code) <del>275 Watha Rd.</del> Watha, NC 28478	d. Date Organized 7/27/05
	e. Phone Number 285-6306

<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name <del>Max</del> Craig Teachey	c. Candidate ID Number	d. Party Affiliation Non-partisan
b. Mailing Address (include City, State, and Zip Code) 275 Watha Rd. Watha, NC 28478	e. Office Sought Town Commissioner	f. Jurisdiction Watha
<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 <del>Max</del> Craig Teachey	a. Full Name Craig Teachey	b. Mailing Address (include City, State, and Zip Code) 275 Watha Rd Watha NC 28478	b. Mailing Address (include City, State, and Zip Code) 275 Watha Watha, NC 28478
c. Phone Number 285-6306	d. Email Address <del>None</del> None	c. Phone Number 285-6306	d. Email Address None

<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name Craig Teachey	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code) <del>275 Watha</del> Same as		b. Purpose N/A	
c. Phone Number Same	d. Email Address Same	c. Code N/A	d. Type N/A

**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.

Craig Teachey Printed Name of Signer      [Signature] Signature of Appointed Treasurer      7/27/05 Date



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: Craig Teachey

Treasurer Name: Craig Teachey

Treasurer Address: 275 Watha Rd.

(include city, state, & zip) Watha, NC 28478

Treasurer Phone: 910-285-6306

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.

7/27/05  
Date Signed

[Signature]  
Signature of Candidate



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Fax: (919) 715-8047

**Certification of Threshold**

**FILED BY:**

Committee Name: Craig Teachey

Treasurer Name: Craig Teachey

Treasurer Address: 275 Watha Rd.

(include city, state, & zip) Watha NC 28478

Treasurer Phone: 910-295-6306

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.

7/27/05  
Date Signed

[Signature]  
Signature



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Craig Terchey  
 Treasurer Name: Craig Terchey  
 Treasurer Address: 275 Watha Rd.  
 (include city, state, & zip) Watha NC 28478  
 Treasurer Phone: 910-285-6306

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	None	None	None	None

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

7/27/05  
Date Signed

[Signature]  
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.)

7/27/05  
Date Signed

[Signature]  
Signature of Candidate



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**Certification of Inactive Status**

**FILED BY:**

Committee Name: Craig Tenby

Treasurer Name: Craig Tenby

Treasurer Address: 275 Watha Ad.

(include city, state, & zip) Watha, NC 28478

Treasurer Phone: 910-285-6306

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

2/16/06  
Date Signed

[Signature]  
Signature