

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 to Close Committee

FILED BY:

| | |
|------------------------------|-------------------|
| Committee Name: | BOBBY YATES EMORY |
| Treasurer Name: | BOBBY YATES EMORY |
| Treasurer Address: | 335 MULBERRY ST |
| (include city, state, & zip) | RALEIGH NC 27604 |
| Treasurer Phone: | 919-834-9871 |

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

05/07/2004

Date Signed


Signature

Statement of Organization

| | | | | | | |
|---------------------------------------------------|-----------------------|------------------------|-----------------------------|----------------------------------------------------------------------------------------|--|--------------------------------|
| 1. Name of Committee <i>Bobby Yates Emory</i> | | | | | | 7. Date <i>26 July 2002</i> |
| 2. Address of Committee <i>355 Mulberry St</i> | | | | | | 8. ID Number |
| 3. City <i>Raleigh</i> | 4. State <i>NC</i> | 5. Zip <i>27604</i> | 6. Phone <i>934-9571</i> | 9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

Type of Committee (Check one and complete the respective information required below.)

10. Candidate Committee Primary Candidate Committee
(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)

| | | | | |
|--------------------------------------------------|------------------------|-----------------------------|--------------------------------------------|--------------------------------|
| a. Name of Candidate <i>Bobby Yates Emory</i> | b. Candidate ID Number | c. Office <i>Sheriff</i> | d. Party Affiliation <i>Libertarian</i> | e. Dist/Cty/Mun <i>Wake</i> |
|--------------------------------------------------|------------------------|-----------------------------|--------------------------------------------|--------------------------------|

11. Joint Candidate Committee or Fundraiser Primary Candidate Committee

| | | | | |
|---------------------------------|------------------------|----------------------------------|----------------------|---------------------|
| a. If Fundraiser, Name of Event | | b. If Fundraiser, Event Location | | |
| | | | | |
| c. Candidate Names | d. Candidate ID Number | e. Office | f. Party Affiliation | g. Share of Profits |
| | | | | % |
| | | | | % |
| | | | | % |
| | | | | % |

12. Party Committee

| | |
|------------------------------------------------------------------------------------------------------------------------------|----------|
| a. Type (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate | b. Party |
|------------------------------------------------------------------------------------------------------------------------------|----------|

13. General Political Committee

a. Category (Check one)

| | | | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|--------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Conservative/Liberal | <input type="checkbox"/> Health | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Trade |
| <input type="checkbox"/> Building/Real Estate | <input type="checkbox"/> Environment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Minority | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Get Out the Vote | <input type="checkbox"/> Legal | <input type="checkbox"/> Information Tech/Telecommunications | |
| <input type="checkbox"/> Political Party not part of the Party Plan of Organization | | | | |
| <input type="checkbox"/> Other: | | | | |

b. Type (Check one)

| | |
|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Parent Entity | <input type="checkbox"/> Political Purpose |
| <input type="checkbox"/> Economic Interest | |

c. Definition of Type

d. Member Definition

 Connected Organization or Affiliated Committee

| | | |
|---------|-------------------------------------------------|-----------------|
| e. Name | f. Mailing Address (include city, state, & zip) | g. Relationship |
| | | |
| | | |

14. Referendum Committee

| | | |
|-----------------------|--------------------|---------------------------------------------------------------------------------------------------|
| a. Name of Referendum | b. Referendum Date | c. Declaration (Check one) <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
|-----------------------|--------------------|---------------------------------------------------------------------------------------------------|

15. Treasurer Information

| | | | | | |
|-------------------|-----------------|----------------------|----------|--------|----------|
| a. Name | b. Address | c. City | d. State | e. Zip | f. Phone |
| Bobby Yates Emery | 335 Mulberry St | Raleigh | NC | 27607 | 834-9871 |
| g. Email Address | | liberty@delstate.org | | | |

16. Assistant Treasurer Information

| | | | | | |
|------------------|------------|---------|----------|--------|----------|
| a. Name | b. Address | c. City | d. State | e. Zip | f. Phone |
| | | | | | |
| g. Email Address | | | | | |

17. Custodian of Books Information

| | | | | | |
|-------------------|------------|---------|----------|--------|----------|
| a. Name | b. Address | c. City | d. State | e. Zip | f. Phone |
| Bobby Yates Emery | | | | | |
| g. Email Address | | | | | |

18. Bank/Depository/Credit Account Information

| | | | | | |
|-------------------------------------------------------|------------|---------|----------|---------|-----------------------|
| a. Name | b. Address | c. City | d. State | e. Zip | f. Acct Type & Number |
| Checking account not yet opened - amendment to follow | | | | | |
| g. Purpose | | | | h. Code | |
| | | | | | |
| g. Purpose | | | | h. Code | |
| | | | | | |

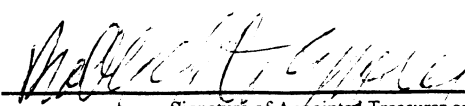
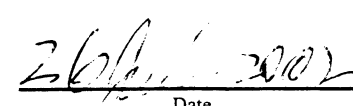
19. Certification of Threshold (for Candidate and Party Committees Only)

I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.

I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

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.



 Signature of Appointed Treasurer or Candidate 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: Bobby Yates Emory
 Treasurer Name: Bobby Yates Emory
 Treasurer Address: 335 Mulberry St
 (include city, state, & zip) Raleigh NC 27604

 Treasurer Phone: (919) 834-9871

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.

26 Feb 2002
 Date Signed

Bobby Yates Emory
 Signature of Candidate