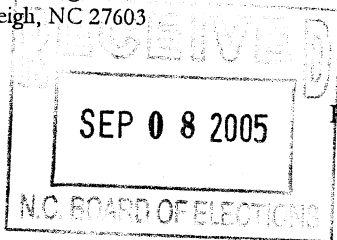


North Carolina  
Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

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: The Committee to Elect Allan Pharr

Treasurer Name: Allan L. Pharr

Treasurer Address: 3105 River Oak Turn #26  
 (include city, state, & zip) Raleigh, North Carolina 27613-2204

Treasurer Phone: 919-787-5439

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.

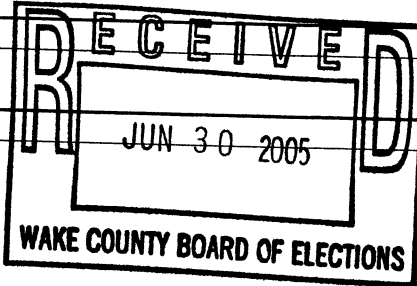
9/05/2005  
Date Signed

[Signature]  
Signature

# Statement of Organization - Candidate Committee

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

|   |                   |
|---|-------------------|
| <b>1. Committee Information</b>                       |                   |
| a. Full Name  | c. ID Number      |
| COMMITTEE TO ELECT ALLAN PHARR                        |                   |
| b. Mailing Address (include City, State and Zip Code) | d. Date Organized |
| 3105-26 RIVER OAK TURN<br>RALEIGH NC 27613            | 06/30/2005        |
|   | e. Phone Number   |
|   | (919) 787-5439    |



|  |   |   |
|--|---|---|
| <b>2. Candidate Information</b>                        |   | <input checked="" type="checkbox"/> Candidate's Primary Committee |
| a. Full Name   | c. Candidate ID Number  | d. Party Affiliation  |
| ALLAN L PHARR  |   | NONPARTISAN   |
| b. Mailing Address (include City, State, and Zip Code) | e. Office Sought  | f. Jurisdiction   |
| 3105-26 RIVER OAK TURN<br>RALEIGH NC 27613             | RALEIGH CITYCOUNCIL MEMBER  | AT-LGE  |
|  | <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   |                  |
| ALLAN L PHARR  |                        | SAME   |                  |
| b. Mailing Address (include City, State, and Zip Code) |                        | b. Mailing Address (include City, State, and Zip Code) |                  |
| 3105-26 RIVER OAK TURN<br>RALEIGH NC 27613             |                        |  |                  |
| c. Phone Number  | d. Email Address       | c. Phone Number  | d. Email Address |
| (919) 787-5439   | ALLANPHARR@HOTMAIL.COM |  |                  |

|  |                  |                                 |   |          |                                 |
|--|------------------|---------------------------------|---|----------|---------------------------------|
| <b>5. Assistant Treasurer Information</b>              |                  | <input type="checkbox"/> Add    | <b>6. Account Information</b> <i>(incl. CRO-3500)</i> |          | <input type="checkbox"/> Add    |
| a. Full Name   |                  | <input type="checkbox"/> Remove | a. Financial Institution Full Name                    |          | <input type="checkbox"/> Remove |
|  |                  |                                 | NOT YET OPENED - AMENDMENT TO FOLLOW                  |          |                                 |
| b. Mailing Address (include City, State, and Zip Code) |                  |                                 | b. Purpose  |          |                                 |
|  |                  |                                 | FOR THE RECEIPT & EXPENDITURE OF CAMPAIGN FUNDS       |          |                                 |
| c. Phone Number  | d. Email Address |                                 | c. Code   | d. Type  |                                 |
|  |                  |                                 | 1   | CHECKING |                                 |

**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.

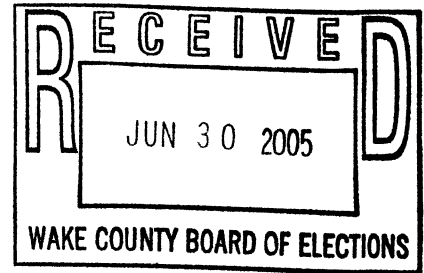
ALLAN L PHARR  
Printed Name of Signer

Signature of Appointed Treasurer

06/30/2005  
Date



North Carolina  
 State Board of Elections  
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 Raleigh, NC 27603



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 Fax: (919) 715-8047

### Certification of Treasurer

**FILED BY:**

Candidate Name: ALLAN L PHARR

Treasurer Name: ALLAN L PHARR

Treasurer Address: 3105-26 RIVER OAK TURN  
 (include city, state, & zip) RALEIGH NC 27613


Treasurer Phone: 919-787-5439

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.

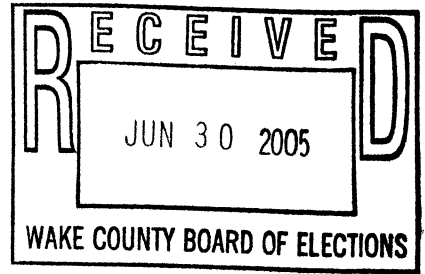
06/30/2005

Date Signed

  
 Signature of Candidate



North Carolina  
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### Certification of Threshold

**FILED BY:**

Committee Name: COMMITTEE TO ELECT ALLAN PHARR

Treasurer Name: ALLAN L PHARR

Treasurer Address: 3105-26 RIVER OAK TURN  
 (include city, state, & zip) RALEIGH NC 27613

Treasurer Phone: 919-787-5439

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.

6-30-2005

Date Signed

Signature