

Statement of Organization - Candidate Committee

COPY

Amendment
 Yes No

1. Committee Information					
a. Full Name				c. ID Number	
Longano For Council				4FYU90	
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
945 Laurel Creek Lane Lewisville, NC 27023				7/21/05	
				e. Phone Number	
				945-5182	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
James E. Longano		4FYU90		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
945 Laurel Creek Lane Lewisville, NC 27023		Lewisville Town Council			
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
James E. Longano			James E. Longano		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
945 Laurel Creek Lane Lewisville, NC 27023			945 Laurel Creek Lane Lewisville, NC 27023		
c. Phone Number		d. Email Address	c. Phone Number		d. Email Address
945-5182		JLlewisville@hotmail.com	945-5182		JLlewisville@hotmail.com
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
			Allegacy Federal Credit Union		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Savings account for Campaign Funds		
c. Phone Number		d. Email Address	c. Code		d. Type
			LFC		Savings
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.					
James E. Longano		James E. Longano		7/21/05	
Printed Name of Signer		Signature of Appointed Treasurer		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 Threshold

FILED BY:

Committee Name: Longano For Council
Treasurer Name: James E. Longano
Treasurer Address: 945 Laurel Creek Lane
(include city, state, & zip) Lewisville, NC 27023

Treasurer Phone: 945-5182

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.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

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.

7/21/05
Date Signed

James E. Longano
Signature



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Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
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Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: Longano For Council
 Treasurer Name: James E. Longano
 Treasurer Address: 945 Laurel Creek Lane
 (include city, state, & zip) Lewisville, NC 27023
 Treasurer Phone: 945-5182

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
Savings	Allegacy F.C.U.	401 N. Hainst. Winston-Salem, NC	[REDACTED]	LFC

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

7/21/05
Date Signed

James E. Longano
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.)

Date Signed

Signature of Candidate