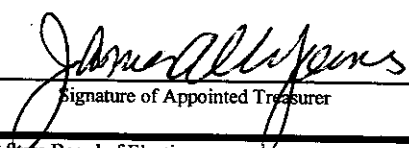


# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
JOINES FOR MAYOR COMMITTEE		NONE	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
713 SURREY PATH TRAIL WINSTON-SALEM, NC 27104		05/01/2001	
		e. Phone Number	
		(336) 732-5473	
<b>2. Candidate Information</b>		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
JAMES ALLEN JOINES			DEMOCRAT
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
713 SURREY PATH TRAIL WINSTON-SALEM, NC 27104		MAYOR	FORSYTH COUNTY
<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	
JAMES ALLEN JOINES		DAWN ALEXANDER	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
713 SURREY PATH TRAIL WINSTON-SALEM, NC 27104		100 N. MAIN STREET, NC 6756 WINSTON-SALEM, NC 27150	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(336) 732-5473	allen.joines@wachovia.com	(336) 732-5389	dawn.alexander@wachovia.com
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Lexington State Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Remaining Funds from 2001 Campaign	
c. Phone Number	d. Email Address	c. Code	d. Type
		JFM	Savings Account
<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.			
James Allen Joines			07/12/2004
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 Treasurer

**FILED BY:**

Candidate Name: JAMES ALLEN JOINES

Treasurer Name: JAMES ALLEN JOINES

Treasurer Address: 713 SURREY PATH TRAIL  
(include city, state, & zip) WINSTON-SALEM, NC 27104

Treasurer Phone: (336) 732-5473

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.

07/12/2004

Date Signed

James Allen Joines  
Signature of Candidate



**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

**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: JOINES FOR MAYOR COMMITTEE

Treasurer Name: JAMES ALLEN JOINES

Treasurer Address: 713 SURREY PATH TRAIL  
 (include city, state, & zip) WINSTON-SALEM, NC 27104

Treasurer Phone: 336/732/5473

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
SAVINGST	Lexington State Bank	160 S.Stratford Rd.	[REDACTED]	JFM

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

07/12/2004  
 Date Signed

*James Allen Joines*  
 Signature of Treasurer