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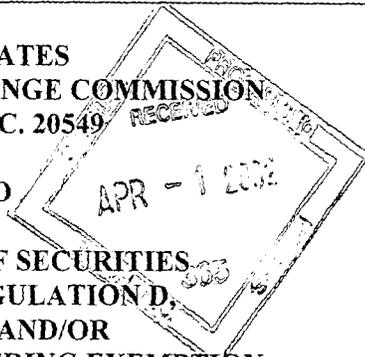
ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



OMB APPROVAL

OMB Number 3235-0076
Expires: May 31, 2002
Estimated average burden
Hours per response . . 1

SEC USE ONLY

Prefix | Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

The PB Financial Services Corporation Common Stock

Filing Under (Check box(es) that apply):

[] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6)

[] PROCES

Type of Filing:

[X] New Filing [] Amendment

P MAY 24

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

The PB Financial Services Corporation

THOMS
FINANC

Address of Executive Offices (Number and Street, City, State, Zip Code)
9570 Medlock Bridge Road, Duluth, Georgia 30097

Telephone Number (including Area Code) (770) 814-8100

Address of Principal Business Operations (Number and Street, City, State, Zip Code)
(if different from Executive Offices)

Telephone Number (including Area Code)

Brief Description of Business

Commercial Banking

Type of Business Organization

[X] corporation [] limited partnership, already formed [] other (please specify):

[] business trust [] limited partnership, to be formed

Month Year

Actual or Estimated Date of Incorporation or Organization: [7] [99] [X] Actual [] Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [GA]

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Robert Cheeley

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Daniel B. Cowart

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Paul D. Donaldson

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Dexter R. Floyd

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Charles L. Douglas

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

J. Edwin Howard

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Promoter Beneficial Executive Director General and/or
 Apply: Owner Officer Partner

Full Name (Last name first, if individual)

John J. Howard

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

Check Box(es) that Promoter Beneficial Executive Director General and/or
 Apply: Owner Officer Partner

Full Name (Last name first, if individual)

J. Stephen Hurst

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

Check Box(es) that Promoter Beneficial Executive Director General and/or
 Apply: Owner Officer Partner

Full Name (Last name first, if individual)

Charles A. Machemehl, III

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

Check Box(es) that Promoter Beneficial Executive Director General and/or
 Apply: Owner Officer Partner

Full Name (Last name first, if individual)

J. Paul Maggard

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

Check Box(es) that Promoter Beneficial Executive Director General and/or
 Apply: Owner Officer Partner

Full Name (Last name first, if individual)

Monty G. Watson

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

Check Box(es) that Promoter Beneficial Executive Director General and/or
 Apply: Owner Officer Partner

Full Name (Last name first, if individual)

Kelly J. Johnson

Business or Residence Address (Number and Street, City, State, Zip Code)

9570 Medlock Bridge Road, Duluth, Georgia 30097

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No
[X] []
Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$5,000

3 Does the offering permit joint ownership of a single unit? Yes No
[X] []

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. **NONE**

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... [] All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... [] All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... [] All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity.....	\$ 13.61/share	\$ 2,261,996
[X] Common [] Preferred		
Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests.....	\$ 0	\$ 0
Other (Specify _____).	\$ 0	\$ 0
Total.....	\$ _____	\$ 2,261,996

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	17	\$ 2,261,996
Non-accredited Investors	0	\$ _____
Total (for filings under Rule 504 only)	17	\$ 2,261,996

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. **NOT APPLICABLE**

Type of offering	Type of Security	Dollar Amount Sold
Rule 505.....	_____	\$ _____
<u>Regulation A</u>	_____	\$ _____
Rule 504.....	_____	\$ _____
Total.....	_____	\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[] \$ _____
Printing and Engraving Costs	[] \$ _____
Legal Fees.....	[] \$ _____
Accounting Fees	[] \$ _____
Engineering Fees	[] \$ _____
Sales Commissions (specify finders' fees separately) .	[] \$ _____
Other Expenses (identify) Fairness Opinion.....	[] \$ 2,000 _____
Total	[] \$ _____

b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

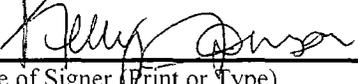
\$ 2,259,996

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[] \$ _____	[] \$ _____
Purchase of real estate.....	[] \$ _____	[] \$ _____
Purchase, rental or leasing and installation of machinery] and equipment.....	[] \$ _____	[] \$ _____
Construction or leasing of plant buildings and facilities	[] \$ _____	[] \$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	[] \$ _____	[] \$ _____
Repayment of indebtedness	[] _____	[] \$ 759,375
Working capital	[] \$ _____	[] \$ 1,500,621
Other (specify): _____	[] \$ _____	[] \$ _____
_____	[] \$ _____	[] \$ _____
Column Totals	[] \$ _____	[] \$ _____
Total Payments Listed (column totals added).....	[] \$2,259,996	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) The PB Financial Services Corporation	Signature 	Date 3-22-02
Name of Signer (Print or Type) Kelly J. Johnson	Title of Signer (Print or Type) Senior Vice President and Chief Financial Officer	

ATTENTION

**Intentional misstatements or omissions of fact constitute federal criminal violations.
 (See 18 U.S.C. 1001.)**