Page 1 of 2 Statement of Organization 7. Date 1. Name of Committee THROWER 8. ID Number 2. Address of Committee 330 CONRAD RA 5. Zip 6. Phone 9. Amendment 4. State NC 27023 336945-5538 LEWISVIlle (Check one and complete the respective information required below.) Type of Committee Primary Candidate Committee 10. Candidate Committee (If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.) e, Dist/Cty/Mun d. Party Affiliation b. Candidate ID Number c. Office a: Name of Candidate BOARD OF 41 LAKEF S. Through Education Primary Candidate Committee 11. Joint Candidate Committee or Fundraiser b. If Fundraiser, Event Location a. If Fundraiser, Name of Event g. Share of Profits f. Party Affiliation e. Office d. Candidate ID Number c. Candidate Names 12. Party Committee b. Party (Check one) a. Type Subordinate State National 13. General Political Committee (Check one) a. Category Trade Manufacturing Health Conservative/Liberal Banking/Finance Utilities Minority Insurance Environment Building/Real Estate Information Tech/Telecommunications Legal Get Out the Vote Religious Political Party not part of the Party Plan of Organization c. Definition of Type (Check one) b. Type Political Purpose Parent Entity Economic Interest d. Member Definition Connected Organization or Affiliated Committee g. Relationship. f. Mailing Address (include city, state, & zip) e. Name

15. Treasurer Information		<del></del> -			
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address	<u> </u>			l	\
16. Assistant Treasurer Inf	ormation				
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
					i
g. Email Address					
17. Custodian of Books Inf	ormation				
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address		1			
	4 A Information				
18. Bank/Depository/Credi a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
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CERTIFICATION					
I certify that the Committee funds for a federal or out-of	e is in compliance with all provision f-state PAC. I further say that this	ons of Article 22A, incl report is complete, tru	uding that no i	funds are o	commingled with
Signature	Howev e of Appointed Treasurer or Candidate		3,	1/62	ate

5. Treasurer Information			1.50	- 71-	f. Phone
Name	b. Address	c. City	d. State	e. Zip	I. Paore
Email Address					<u> </u>
6. Assistant Treasurer Inforn	nation	1 04	d. State	e. Zip	f. Phone
. Name	b. Address	c. City	u. 5	<u> </u>	
. Email Address					
17. Custodian of Books Inform		la Cita	d. State	e. Zip	f, Phone
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## 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: Treasurer Name: Treasurer Address: (include city, state, & zip)	LYNN S. THOWER  LYNN S. THOWER  330 CONLAD Rd.  LEWISVILLE, NC 27023	
Tressurer Phone:	(334) 945-5538	

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.

3/14/02 Date Signed

Signature of Candidate