

Statement of Organization

FORSYTH COUNTY
BOARD OF ELECTIONS

Page 1 of 2

1. Name of Committee <i>Citizens to Elect Larry Shomble</i>		7. Date <i>July 29 2002</i>	
2. Address of Committee <i>1294 Salem Lake Road</i>		8. ID Number	
3. City <i>Winston-Salem,</i>	4. State <i>N.C.</i>	5. Zip <i>27107 (336) 784-9323</i>	6. Phone
9. Amendment			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Type of Committee (Check one and complete the respective information required below.)

<input type="checkbox"/> 10. Candidate Committee (If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)		<input checked="" type="checkbox"/> Primary Candidate Committee	
a. Name of Candidate <i>Larry Shomble</i>	b. Candidate ID Number	c. Office <i>State Rep.</i>	d. Party Affiliation <i>Democrat</i>
		e. Dist/Cty/Mun <i>71/Winston-Salem</i>	

<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser		<input checked="" type="checkbox"/> Primary Candidate Committee	
a. If Fundraiser, Name of Event		b. If Fundraiser, Event Location	
c. Candidate Names	d. Candidate ID Number	e. Office	f. Party Affiliation
			g. Share of Profits
			%
			%
			%
			%

<input checked="" type="checkbox"/> 12. Party Committee		b. Party	
a. Type (Check one)		<i>Democrat</i>	
<input type="checkbox"/> National	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Subordinate	

<input type="checkbox"/> 13. General Political Committee			
a. Category (Check one)			
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Health	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Environment	<input type="checkbox"/> Insurance	<input type="checkbox"/> Minority
<input type="checkbox"/> Religious	<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Legal	<input type="checkbox"/> Information Tech/Telecommunications
<input type="checkbox"/> Political Party not part of the Party Plan of Organization			
b. Type (Check one)		c. Definition of Type	
<input type="checkbox"/> Parent Entity	<input type="checkbox"/> Political Purpose		
<input type="checkbox"/> Economic Interest			
d. Member Definition			
Connected Organization or Affiliated Committee			
e. Name	f. Mailing Address (include city, state, & zip)		g. Relationship

<input type="checkbox"/> 14. Referendum Committee		b. Referendum Date		c. Declaration (Check one)	
a. Name of Referendum				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

CRO-2100

NC State Board of Elections

February 2002

Statement of Organization

Page 2 of 2

15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Hazel E. Brown	1000 Shea Ct.	Winston-Salem	NC	27107	785-2447
g. Email Address					

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Jonathan Weston	495 N. Cleveland Ave.	Winston-Salem	NC	27101	
g. Email Address					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Hazel E. Brown	1000 Shea Ct.	Winston-Salem	NC	27107	
g. Email Address					

18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
Wachovia Farmers Bank	P.O. Box 628	Winston-Salem	NC	27101	Checking
g. Purpose					
Campaign Expenses					
h. Code					
g. Purpose					
h. Code					

19. Certification of Threshold (for Candidate and Party Committees Only)

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.

☐ I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

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.

Hazel E. Brown
Signature of Appointed Treasurer or Candidate

July 29, 2002
Date

Statement of Organization

15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Hazel Brown	1000 Shea Court	Winston-Salem	NC	27107	(336) 785-2497
g. Email Address: hazbrown@belkouth.net					

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Jonathan Weston	495 N. Cleveland Ave.	Winston-Salem	NC	27101	
g. Email Address:					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Hazel Brown	1000 Shea Court	Winston-Salem	NC	27107	(336) 785-2497
g. Email Address:					

18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
Mechanics' Farmers Bank	P.O. Box 628	Winston-Salem	NC	27101	Checking
g. Purpose:					
h. Code:					

19. Certification of Threshold *(for Candidate and Party Committees Only)*

- ☐ I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.
- ☐ I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

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.

Hazel Brown
Signature of Appointed Treasurer or Candidate

3/4/02
Date

Additional Organizational Information

Page ____ of ____

Include all additional assistant treasurers or accounts on this page and attach it to the appropriate form(s).

1. Name of Committee or Fund		2. ID Number

3. Assistant Treasurer Information

a. Name		b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address						
g. Email Address						
g. Email Address						
g. Email Address						
g. Email Address						

4. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
g. Purpose					h. Code
g. Purpose					h. Code
g. Purpose					h. Code
g. Purpose					h. Code
g. Purpose					h. Code
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COPY

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)

Treasurer Phone:

Larry Shamble
Harold E. Browning
1000 Shea Court
Winston - Salem, N.C. - 27107
336 785-2497

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.

Feb - 21, 2002
Date Signed

Larry Shamble
Signature of Candidate

Statement of Organization

Page 1 of 2

1. Name of Committee Citizens to Elect Larry Womble						7. Date 3/4/02	
2. Address of Committee 1294 Salem Lake Road						8. ID Number	
3. City Winston-Salem		4. State NC		5. Zip 27107		6. Phone 784-9373	
						9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Type of Committee (Check one and complete the respective information required below.)							
<input checked="" type="checkbox"/> 10. Candidate Committee <input type="checkbox"/> Primary Candidate Committee (If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)							
a. Name of Candidate Larry Womble		b. Candidate ID Number		c. Office State House		d. Party Affiliation Democratic	
						e. Dist/Cty/Mun 7/1	
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser <input type="checkbox"/> Primary Candidate Committee							
a. If Fundraiser, Name of Event				b. If Fundraiser, Event Location			
c. Candidate Names		d. Candidate ID Number		e. Office		f. Party Affiliation	
						g. Share of Profits	
						%	
						%	
						%	
						%	
<input type="checkbox"/> 12. Party Committee							
a. Type (Check one)						b. Party	
<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate							
<input type="checkbox"/> 13. General Political Committee							
a. Category (Check one)							
<input type="checkbox"/> Banking/Finance		<input type="checkbox"/> Conservative/Liberal		<input type="checkbox"/> Health		<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Building/Real Estate		<input type="checkbox"/> Environment		<input type="checkbox"/> Insurance		<input type="checkbox"/> Trade	
<input type="checkbox"/> Religious		<input type="checkbox"/> Get Out the Vote		<input type="checkbox"/> Legal		<input type="checkbox"/> Minority	
<input type="checkbox"/> Political Party not part of the Party Plan of Organization				<input type="checkbox"/> Information Tech/Telecommunications		<input type="checkbox"/> Utilities	
				<input type="checkbox"/> Other:			
b. Type (Check one)				c. Definition of Type			
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose							
<input type="checkbox"/> Economic Interest							
d. Member Definition							
Connected Organization or Affiliated Committee							
e. Name		f. Mailing Address (include city, state, & zip)				g. Relationship	
<input type="checkbox"/> 14. Referendum Committee							
a. Name of Referendum				b. Referendum Date		c. Declaration (Check one)	
						<input type="checkbox"/> Support	
						<input type="checkbox"/> Oppose	