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(If office sought is nonpartisan, write "Nonpartisan" in (a	umber c. Offic	ce d. Party	Affiliation e.	Dist/Cty/Mun
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		ary Candidate Co	mmittee	
11. Joint Candidate Committee or Fundraiser	b. If Fundr	aiser, Event Location		
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II I DANMONS I I OUCOUS AND I I I	-	Other:		
Political Party not part of the Party Plan of Organization b. Type (Check one)	c. Definition o	f Type		
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14. Referendum Committee		E = 1 Deta	c. Declaration	n (Check one)
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15. Treasurer	Information					
a. Name		b. Address	J- City			
1: \$			c. City	d. State	e. Zip	f. Phone
Hazel	E. Brown	1000 Sheat.	Winston-Sal	1110	20100	70000
g. Email Address		Tree Ci.	FOINSTON-Jal	an NO	27107	785-2497
16 Assistant To	reasurer Informat					
a. Name	easurer Informat					
	 	b. Address	c. City	d. State	e. Zip	f. Phone
Jona tha	n Weston	495N. Clevelons Av	14/1/01		-	
g. Email Address	1. 0.003 70 11	Tris victed elons Av	e. Winston-Jalen	100	27/01	
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17. Custodian o	f Books Informati				· · · · · · · · · · · · · · · · · · ·	
a. Name		b. Address	c. City	d. State	e. Zip	f. Phone
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g. Email Address	Brown	1000 Shea Ct.	Winston-Salem	NC	27/07	1
6. Ethan Addiess						<u> </u>
18. Bank/Deposi	tory/Credit Accou	INT Information				
a. Name		12 4 3 4	c. City	d. State	- 01	<u></u>
Mechanus St	armes Bouli	P.O.Box 628	Winton-Soleni		e. Zip <i>97/01</i>	f. Acct Type & Number
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. Purpose	······································				i. Code	
9. Certification	of Threshold	Gov Com did a la l				
I certify that the	nis committee inten	(for Candidate and Party Comm	ittees Only)			
		ds to neither receive nor expend 278.10A. This certification will reported the plant that should the plant that the p				
		ual silvilli ide above electrostana	000 ob			
			Current election aval	D	port; such re	port to include
required to file	an organizational i	report.	current election cycle	. By cne	cking this b	ox, I am not
I am amending	this Statement of C	Programization to withday				
be required to	file a report of all co	Organization to withdraw my Cer ontributions and expenditures fro	incation to remain un	ider the \$	3000 thresh	old. I will now
previously repo	orted. This report w	vill be referred to as a "Threshold	In the beginning of the	e election	1 cycle that I	nave not been
required.		The short	Report. I further ag	gree to fil	e all future r	eports
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ERTIFICATION	J				· · · · · · · · · · · · · · · · · · ·	
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ertify that the Cor	mmittee is in comp	liance with all provisions of Artic	daggar i i ii ii			Į.
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/ 0	Signature of Appointed	Treasurer or Candidate	- <i>></i>	my	Date	
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. Assistant Treasurer Inforn	b. Address	c. City	d. State	e. Zip	f. Phone
mail Address hazb Assistant Treasurer Inform	ن م				(336)
mail Address hazb Assistant Treasurer Inform	1000 Shea Com	+ Winston-So	dem NC	27107	785-2497
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Jonathan Westo	n 495 N. Clevelone	He Winston-S	alem NC	27/01	
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Name	1000 Shea Cou	ut Winston	Salem NC	27107	185-249
Hazel Brown	17000 = Meac Co.				
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8. Bank/Depository/Credit A	Account Information	c. Çity	d. State	e. Zip	f. Acet Type &
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19. Certification of Threshol	ld (for Candidate and Par	rty Committees Only)			under the
9. Certification of Threshol			,000 during th	e campaign	le for this
1 Certify that this committee	ee intends to neither receive no S. 163-278.10A. This certifica	tion will remain until t	the end of the	election cyc	ion cycle it will
procedures set total in G.	S. 163-278.10A. This certifica erstand that should the above ci	rcumstances change at	t any time duri	ng me electi	and of Elections
commuce. I further under	erstand that should the above ci responsible for filing financial a	reports to immediately	notify the app	Coprisie Do	ch report to incli
Compaign Reporting Offi	responsible for filing financial is	paign reports with the	next schedule	u checking	this box. I am no
campaign reporting on	ice and to commence filing can ent since the beginning of the c	ommittee's current ele	ction cycle. B	y checking t	HIID DON, 1 WILL IND
Wil Inling received and obe	zational report.		·		
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Lam amending this States	nt of all contributions and exper	"Threshold Report".	I further agree	to file all fi	uture reports
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Include all	anizational Informatio additional assistant treasurers or a	secounts on this page and att	ach it to the appropriate	Page of
1. Name of Committee or I	Fund	P-8- min att	2. ID Number	iorm(s).
	•			
3. Assistant Treasure	r Information			
a. Name	b. Address	c. City	d. State e. Zip	f. Phone
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Email Address			<u></u>	
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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)	Jarry Shoule Fladel & Brown 1000 Shear Lount Winston - Salery, M. C-27107
Treasurer Phone:	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

Signature of Candidate

1. Autore of Committee 2. Date 2. Address of Committee 3. 4. 6. D. Number 3. 4. Address of Committee 3. 4. Address of Committee 3. 4. State 5. Zap 5. Phone 7. Amendment 3. D. Number 3. D. Candidate Committee 4. D. Candidate Committee 4. D. Candidate Committee 4. D. Candidate Committee 4. D. Candidate Committee 5. D. Candidate Committee 5. D. Candidate Committee 5. D. Frimary Candidate Co	Statement of Organization				Page I o	of 2
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A. State S. Zip E. Phone P. Amendment	Citizens to Elect 2. Address of Committee	Larry Wo	mble			
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Type of Committee Check one and complete the respective information required below.) Type of Committee Check one and complete the respective information required below.)	3. City		 		<u> </u>	
Type of Committee Check one and complete the respective information required below) 10. Candidate Committee Primary Candidate Committee (If office sought is nonpartisan, write "Nonpartisan" in (Id) Party Affiliation.) 2. Name of Candidate b. Candidate b. Candidate D. Candida	111 1 0		•		<u> </u>	
Type Committee Check one and complete the respective information required below.)	Winston-Salem	NC	27107	784-4373	Yes No	
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Religious Get Out the Vote Legal Information Tech/Telecommunications Political Party not part of the Party Plan of Organization Other: b. Type (Check one) c. Definition of Type Parent Entity Political Purpose Economic Interest d. Member Definition Connected Organization or Affiliated Committee e. Name f. Mailing Address (include city, state, & zip) g. Relationship 14. Referendum Committee a. Name of Referendum b. Referendum Date c. Declaration (Check one)						
Political Party not part of the Party Plan of Organization	Religious Get Out the V	ote [[egg]			ilities	
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