# Statement of Organization - Candidate Committee

| Amendment |   |    |
|-----------|---|----|
| ☐ Yes     | X | No |

| . Committee Information FORSYTH COL  | 15.4 T T T   |               |                             |
|--|--|---------------|-----------------------------|
| I. Committee Information FORSYTH CCL   |  |               | HAL Votabet                 |
|  |  |               |                             |
|  | 10: 33   |               | d. Date Organized           |
| b. Mailing Address (include City, State and Zip Code)  |  |               |                             |
| RECEIVE  |  |               |                             |
|  |  |               | e. Phone Number             |
|  |  |               |                             |
|  | Primary Candid   | te Committe   | ee                          |
| 2. Candidate Information   |  |               | b. Candidate ID Number      |
| a. Full Name   |  |               | 45Y6T9                      |
| Steven Ray Thompson  |  |               |                             |
| c. Office Sought   | d. District/County/Mun                                 | icipality     | e. Party Affiliation        |
|  | Lewisvill  | e.            | Nonpartisan                 |
| Lewisville Councilman (If office sought is nonpartisan, write "Nonpartisan" in [e  | Party Affiliation.)                                    |               |                             |
| (If office sought is nonpartisan, write Prospertion  | 4. Custodian of Bo                                     | oks Inform    | ation                       |
| 3. Treasurer Information   | a. Full Name   |               |                             |
| a. Full Name   |  |               |                             |
| Steven Ray Thompson  | b. Mailing Address (include City, State, and Zip Code) |               |                             |
| b. Mailing Address (include City, State, and Zip Code)   | b. Mailing Address (inc                                | iluc City, Su | ic, and exp court           |
| 737 Louisville-Clemmons Road   |  |               |                             |
| Lewisville, NC 27023   |  |               |                             |
| c. Phone Number d. Email Address   | c. Phone Number  | d. Email Add  | iress                       |
| 330) -2503 tempt 8th @earthlink.   |  |               |                             |
| 5. Assistant Treasurer Information Add   | 6. Account Inform                                      | ation (in     | cl. CRO-3500)               |
| 5. Assistant Treasurer Information  4. Full Name  Remove   | a. Financial Institution                               |               | Remove                      |
| 1. Luit vanc   | Wacheria   |               |                             |
|  |  |               |                             |
| b. Mailing Address (include City, State, and Zip Code)   | b. Purpose   |               |                             |
|  | Personal   | -will         | purchase signs<br>lection.  |
|  | ļ  | <u> +01 6</u> | restion,                    |
| c. Phone Number d. Email Address   | c. Code  | a. rype       | =                           |
|  |  | Chec          | King                        |
| CERTIFICATION  |  |               | )                           |
| to the state of th | sions of Article 22A                                   | including t   | hat no funds are commingled |
| I certify that the Committee is in compliance with an provide with funds for a federal or out-of-state PAC. I further say  | that this report is cor                                | nplete, true  | and correct.                |
| with funds for a federal or out-of-state PAC. I folder say   | 7-11   | -             | · -                         |
| 1 D A St   |  | ^ 4           | J-24-03                     |
| Steven Ray Thompson Ato<br>Printed Name of Signer  | ignature of Appointed To                               | casurer       | Date                        |
| Printed Name of Signer   |  |               | March 200                   |

CRO-2100A

NC State Board of Elections



COPY

Kimberly Westbrook Deputy Director - Campaign Reporting

FILED BY:

Committee Name:

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

#### Confidential

## **Certification of Financial Account Information**

| Freasurer Name:  |   | Thompson   | <u> </u>  | _        |
|--|---|--|---|----------|
| Freasurer Address:   | 737 Lewi  | isville-Clemm  | ons Road  | _        |
| include city, state, & zi  |   | N.C. anda  |   | -        |
|  |   |  |   | -        |
|  | ( ) -115  | 1550   | -   | -        |
| Treasurer Phone:   | (336) 945.  | <u> </u>   | <u> </u>  | _        |
| Carata a Sancia mana di Ca   | ittaa Thece account   | t numbers include all Dan  | roviding all account information<br>k accounts utilized, credit card<br>unt used for any purpose by the       |          |
| The information provid   | led on this form is consid  | lered confidential and is r  | ot subject to public disclosure.  |          |
| The information provide a court of competent jupor information account information acc | led would only be used t<br>risdiction. It will be nec<br>action on required disclo   | or the purposes of an aud  | it or investigation or as required by<br>ount number a "code" in order to<br>at number is used as the "code", | 7        |
| The information provide court of competent ju provide account inform confidentiality of the a  | led would only be used t<br>risdiction. It will be nec<br>action on required disclo   | essary to assign each acc<br>sure reports. If an accour                                  | ount number a "code" in order to tt number is used as the "code",  Account Number Code                        | 7        |
| The information provide a court of competent jupor information account information acc | led would only be used it<br>risdiction. It will be nec<br>action on required disclo<br>account number is presun              | essary to assign each acc<br>sure reports. If an accounted to have been waived.          | ount number a "code" in order to<br>at number is used as the "code",  | •        |
| The information provide a court of competent ju provide account inform confidentiality of the account  | led would only be used it risdiction. It will be nectation on required disclosecount number is presun                         | essary to assign each acc<br>sure reports. If an accounted to have been waived.  Address | ount number a "code" in order to tt number is used as the "code",  Account Number Code                        | <i>(</i> |
| The information provide a court of competent just provide account inform confidentiality of the active of account  | led would only be used it risdiction. It will be necessition on required disclosecount number is presun Financial Institution | essary to assign each acc sure reports. If an accounted to have been waived.  Address    | ount number a "code" in order to tt number is used as the "code",  Account Number Code                        | 7        |





## 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 Threshold**

|   | •  |
|---|--|
| FILED BY:   |  |
| Committee Name:   |  |
| Freasurer Name:   | Steven Thompson  |
| Freasurer Address:  | 737 Lowisville-Clemmons Road   |
| (include city, state, & zip)  | Lewisville, NC. 27023  |
| -   |  |
|   |  |
| Treasurer Phone:  | (336) 945-2503   |
| Heastier Fhone.   | (230) 4 (3 43.4  |
| election cycle under the pro<br>until the end of the election<br>expenditures during this ele | mittee intends to neither receive nor expend more than \$3,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$3,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate boarded campaign finance reports. |
| Sie the next echeduled rent   | Certification to remain under the \$3000 threshold. I will now be required to ort for all contributions and expenditures that have not been previously reported current election cycle. I further agree to file all future reports required.   |
| 7-24-03   | Stewn Charpra  |



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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:              | Steven Thompson                       |
| Freasurer Name:              | Steven Thompson                       |
| Treasurer Address:           | 737 Lewisville-Clemmons hood          |
| (include city, state, & zip) | Lewisville, N.C. 27023                |
|                              |                                       |
|                              |                                       |
| Treasurer Phone:             | (336) 945.2503                        |

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.

7-24-03 Date Signed

Signature of Candidate



### North Carolina State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification to Close Committee

FILEDBY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

Balling Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Fax: (919) 715-8047

Certification to Close Committee

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

Nov. 6, 2003

Signature /