

# Statement of Organization - Political Action Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Concern Citizens of Walkertown			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
c/o J. Ralph Landreth 2928 Bellaire Circle Walkertown NC 27051		Sept 15, 2003 <del>Aug 1, 2003</del>	
		e. Phone Number	
		336/595-2424	
<b>2. Political Action Committee Information</b>		<b>3. Connected Organization or Affiliated Committee</b>	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other / Not listed			
b. Type (Check only one)		b. Mailing Address (include City, State, and Zip Code)	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose			
c. Definition of Type		c. Phone Number	
		d. Relationship	
d. Member Definition			
<b>4. Treasurer Information</b>		<b>5. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
J. Ralph Landreth			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2928 Bellaire Circle Walkertown NC 27051			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336/595-1424	JRalphL2@aol.com		
<b>6. Assistant Treasurer Information</b>		<b>7. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type
<b>CERTIFICATION</b>			
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.			
J. Ralph Landreth Printed Name of Signer		J. Ralph Landreth Signature of Appointed Treasurer	
		9/15/03 Date	

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 FORSYTH COUNTY



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:**

~~Political Committee~~ None  
~~Candidate Name:~~ Concern Citizens of Walkertown

Treasurer Name: J. Ralph Landreth

Treasurer Address: 2928 Bellare Circle

(include city, state, & zip) walkertown NC 27051

Treasurer Phone: 336/595-2424

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.

9/15/03  
Date Signed

J. Ralph Landreth  
Signature of Candidate



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(919) 733-7173  
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*Confidential*

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Concern Citizens of Walkertown  
Treasurer Name: J. Ralph Landreth  
Treasurer Address: 1928 Bellaire Circle  
(include city, state, & zip) Walkertown NC 27051

Treasurer Phone: 336/593-2424

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
checking	Lexington State Bk	3000 OH Hollow Rd Walkertown NC 27051	[REDACTED]	LSB

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

9/16/03  
Date Signed

J. Ralph Landreth  
Signature of Treasurer