Statement of Organization - Candidate Committee

. Committee In	formation		SYTH COUNTY		
Full Name		নিক্র	rof		c. ID Number
		2002 1511	0 4411.00		
			_8 AM II: 29		
Mailing Address (include City, State and Zip		The first seems		d. Date Organized
		NE	ULIVED		
					e. Phone Number
					·
Candidate Info	ormation		Primary Cand	lidate Committe	e
Full Name					b. Candidate ID Number
Larry	Turner U	Jilliams	;		VKY 509
Office Sought			d. District/County/M	lunicip#lity	e. Party Affiliation "
Mayor		Rural Hall			
	ht is nonpartisan, write	"Nonpartisan" in			
. Treasurer Info	rmation	·	4. Custodian of I	Books Informa	tion
Full Name			a. Full Name		
Mailing Address (i	nclude City, State, and Zip	Code)	b. Mailing Address (include City, State, and Zip Code)		
	•				
	· · · · · · · · · · · · · · · · · · ·				
Phone Number	d. Email Address		c. Phone Number	d. Email Addre	css
Assistant Treas	surer Information	Add	6. Account Infor	mation (incl.	CRO-3500)
Full Name	Jatel Later matter	Remove	a. Figancial Institution		Remov
				•	
. Mailing Address (include City, State, and Zip Code)			b. Purpose		
Phone Number	d. Email Address		c. Code	d. Type	· · · · · · · · · · · · · · · · · · ·
	·	<u></u>			
ERTIFICATIO	N				
I certify that the	Committee is in compli	ance with all provi	sions of Article 22A	, including that	no funds are commin
	federal or out-of-state F				
		Z 1			, , ,
1000 7	- 11 1/200	- X	$\mathcal{L} \cap \mathcal{L} \setminus \mathcal{L}$	(·	7/8/13

CRO-2100A

Printed Name of Signer

NC State Board of Elections

Signature of Appointed Treasurer

March 2003

Date

Amendment



FORSYTH COUNTY BOARD OF ELECTION COPY

2003 JUL -8 AMII: 29

North Carolina

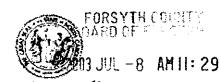
State Board of Elections TEULIVED
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

FILED BY:					
Committee Name:	·				
Treasurer Name:	<u>larry</u>	T. Willia	MT		
Treasurer Address:	_7340 F	oster Stre	<u> </u>		
(include city, state, & 2	zip)				
Treasurer Phone:	969-5	444			
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.					
The information provi a court of competent ju provide account inform	ded would only be used for irisdiction. It will be necest nation on required disclosu	r the purposes of an au ssary to assign each ac ire reports. If an acco	idit or investigation or a count number a "code" int number is used as th	in order to	
The information provi a court of competent ju provide account inform	ded would only be used for irisdiction. It will be necest nation on required disclosu	r the purposes of an au ssary to assign each ac ire reports. If an acco	idit or investigation or a count number a "code" int number is used as th	in order to	
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The information provi a court of competent ju provide account information confidentiality of the a Type of account	ded would only be used for irisdiction. It will be necess nation on required disclosure occount number is presume Financial Institution	Address Rural Hall he State Board of Elec	Account Number Account Number	required by in order to e "code", Code unts	
The information provi a court of competent ju provide account inform confidentiality of the a Type of account Chedrag By signing this statem	ded would only be used for urisdiction. It will be necessation on required disclosure count number is presume Financial Institution First Chilas Back	Address Rural Hall he State Board of Elec	dit or investigation or a count number a "code" ant number is used as the Account Number	required by in order to e "code", Code unts	





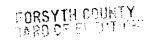
North Carolina State Board of Elections

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:	Larry T. Williams
Treasurer Name:	
Treasurer Address:	7340 Foster Street Pural Hall NC 27045
(include city, state, & zip)	Pural Hall, NC 27045
Treasurer Phone:	969-54-44
election cycle under the pro until the end of the election expenditures during this ele of elections and file require I am withdrawing my file the next scheduled repo	nittee intends to neither receive nor expend more than \$3,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board d campaign finance reports. Certification to remain under the \$3000 threshold. I will now be required to rt for all contributions and expenditures that have not been previously reported urrent election cycle. I further agree to file all future reports required.
7/8/03	Lam Millain Signature
Date Signed	Signature



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COF

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

EITED RA:	
Candidate Name:	Larry T. Williams Larry T. Williams
Treasurer Name:	larry T. Williams
Treasurer Address:	7340 Foster St
(include city, state, & zip)	Rural Hall, NC 27045
Treasurer Phone:	969-5444
the duties and responsibility sanctions in Subchapter VI General Statutes.	ormation is correct, and I, as candidate, appoint said treasurer to personally fulfill ties imposed upon the appointed treasurer and subject to the penalties and III. Regulation of Election Campaigns of Chapter 163 of the North Carolina
I understand that if the abothe existing Statement of C	ove Treasurer changes, it will be necessary to certify a new treasurer and amend organization within 10 days of the vacancy.
7/18/03 Date Signed	Law T- Williams Signature of Candidate



Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting

FILED BY:

Committee Name: Treasurer Name:

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

Certification to Close Committee

3 Treasurer Address:	7340 Foster Street Rural Hall, NC 27645
(include city, state, & zip)	Rural Hall, NC 27645
E >	
~ 1	
Treasurer Phone:	969-5444
	
certification, I declare that all contributions will be accepted signed. If the Committee at any candidate or ballot issue Elections before such activities.	
"Einal Danort" will be techni	under the \$3,000 threshold will only be required to sign this Certification. No red for committees meeting this criterion. Any Committee that did not file must submit a "Final Report" with this Certification. This report must have a adding loans or debts.
11/7/63 Date Signed	Lary M. Williams