

Statement of Organization - Candidate Committee

COPY

Amendment

☐ Yes☐ No

1. Committee Information

a. Full Name WALLACE L. LARRIMORE	FORSYTH COUNTY BOARD OF ELECTIONS	c. ID Number
b. Mailing Address (include City, State and Zip Code) 4965 RIEDS VILLERD WALKERTOWN, NC 27051	2003 JUL 30 PM 1:10 RECEIVED	d. Date Organized
		e. Phone Number 595-2217

2. Candidate Information

☐ Primary Candidate Committee

a. Full Name SAME	b. Candidate ID Number ORY191
c. Office Sought Council	d. District/County/Municipality walkertown, nc
e. Party Affiliation NONPARTISAN	

(If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.)

3. Treasurer Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

5. Assistant Treasurer Information

☐ Add☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Account Information (incl. CRO-3500)

☐ Add☐ Remove

a. Financial Institution Full Name	
b. Purpose	
c. Code	d. Type

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.

WALLACE L. LARRIMORE

Wallace L. Larrimore

Printed Name of Signer

Wallace L. Larrimore 6/30/03

Signature of Appointed Treasurer

Date

CRO-2100A

NC State Board of Elections

March 2003



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North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603
RECEIVED

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:

WALLACE L LARRIMORE

Treasurer Name:

4965 RIEDSVILLE RD.

Treasurer Address:

WALKERTOWN, NC 27051

(include city, state, & zip)

Treasurer Phone:

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7/30/03
Date Signed

Wallace L. Larrimore
Signature



506 N Harrington Street
Raleigh, NC 27603

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

FILED BY:

Now E

Now

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.

Wallace L. Furrer
Signature of Candidate



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

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Deputy Director - Campaign Reporting

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Confidential

Certification of Financial Account Information

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

I will NOT SPEND ANY
MONEY ON THIS CAMPAIGN

RECEIVED
2003 AUG 22 PM 1:10
FORSTH
BOARD OF ELECTIONS

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

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

8/22/03
Date Signed

Wallace L. Lavinore
Signature of Treasurer



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

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PO Box 27255
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Certification to Close Committee

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

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.

11/10/03
Date Signed

Wallace L. Lammore
Signature