

# Statement of Organization - Candidate Committee

Amendment

☐ Yes

☒ No

<b>1. Committee Information</b>			
a. Full Name "RE-ELECT WARNER"		c. ID Number	
b. Mailing Address (include City, State and Zip Code) P.O. Box 474 WALKERTOWN, NC 27051-0474		d. Date Organized 8-8-03	
		e. Phone Number (336) 595-8474	
<b>2. Candidate Information</b>			
a. Full Name HORACE WARNER		b. Candidate ID Number 9YYA97	
c. Office Sought COUNCILMAN	d. District/County/Municipality WALKERTOWN NC	e. Party Affiliation NONPARTISAN	
(If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.)			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name CLYDE P. WEBSTER		a. Full Name CLYDE P. WEBSTER	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 490 WALKERTOWN, NC 27051-0490		b. Mailing Address (include City, State, and Zip Code) P.O. Box 490 WALKERTOWN, NC 27051-0490	
c. Phone Number (336) 595-4506	d. Email Address - NONE -	c. Phone Number (336) 595-4506	d. Email Address - NONE -
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name NONE		a. Financial Institution Full Name NONE	
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.			
CLYDE P. WEBSTER Printed Name of Signer		Clyde P. Webster Signature of Appointed Treasurer	
		8-8-03 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

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:

HORACE WARNER

Treasurer Name:

CLYDE P. WEBSTER

Treasurer Address:

P.O. Box 490

(include city, state, & zip)

3075 MAIN ST.

WALKERTOWN, N.C. 27051-0490

Treasurer Phone:

(336) 595-4506

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.

8-8-03

Date Signed

Horace H. Warner

Signature of Candidate



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Fax: (919) 715-8047

*Confidential*

**Certification of Financial Account Information**

**FILED BY:**

Committee Name:

"RE-ELECT WARNER"

Treasurer Name:

Clyde P. Webster

Treasurer Address:

P.O. Box 490

(include city, state, & zip)

3075 MAIN ST.

WALKERTOWN, NC 27051-0490

Treasurer Phone:

(336) 595-4506

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
- NONE -				

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

8.8.03

Date Signed

Clyde P. Webster

Signature of Treasurer

CRO-3500

Certification of Financial Account Information

March 2003

I plan to spend no money or accept any contributions for this campaign.



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**Certification of Threshold**

**FILED BY:**

Committee Name:

"RE-ELECT WARNER"

Treasurer Name:

Clyde P. Webster

Treasurer Address:

P.O. Box 490

(include city, state, & zip)

3075 MAIN ST.

WALKERTOWN, N.C. 27051-0490

Treasurer Phone:

(336) 595-4506

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.

8-8-03

Date Signed

Clyde P. Webster

Signature



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(919) 733-7173  
Fax: (919) 715-8047

**Certification to Close Committee**

**FILED BY:**

Committee Name:

"RE-ELECT WARNER"

Treasurer Name:

Clyde P. Webster

Treasurer Address:

P.O. Box 490

(include city, state, & zip)

3075 Main Street

Walbertown, N.C. 27051-0490

Treasurer Phone:

(336) 595-4506

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.

12/12/2003  
Date Signed

Horace H. Warner  
Signature