

Statement of Organization - Candidate Committee

Amendment
☐ Yes ☐ No

1. Committee Information		c. ID Number	
a. Full Name Harry Corpening			
b. Mailing Address (include City, State and Zip Code) 2396 Warwick Rd. Winston-Salem, NC 27104		d. Date Organized	
		e. Phone Number 336-725-3003	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Harry Otis Corpening		c. Candidate ID Number	d. Party Affiliation Democrat non-partisan
b. Mailing Address (include City, State, and Zip Code) 2396 Warwick Rd. Winston-Salem, NC 27104		e. Office Sought Soil & Water Conservation District Supervisor (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
		f. Jurisdiction	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Harry Otis Corpening		a. Full Name Harry Otis Corpening	
b. Mailing Address (include City, State, and Zip Code) 2396 Warwick Rd. Winston-Salem, NC 27104		b. Mailing Address (include City, State, and Zip Code) 2396 Warwick Rd. Winston-Salem, NC 27104	
c. Phone Number 725-3003	d. Email Address Corpening1@AOL.com	c. Phone Number 725-3003	d. Email Address Corpening1@AOL.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name see below		a. Financial Institution Full Name see below	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	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.			
<u>Harry Corpening</u> Printed Name of Signer		<u>Harry Corpening</u> Signature of Appointed Treasurer	
		10-19-04 Date	

CRO-2100A

NC State Board of Elections

May 2003

no money at all will be spent or received on this campaign.



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

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

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
see below				

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

10-19-04
Date Signed

Harry Carpenter
Signature of Treasurer

no money at all will be spent or received on this campaign
CRO-3500

Certification of Financial Account Information

March 2003



North Carolina
State Board of Elections

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Certification of Threshold

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(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.

10-19-04
Date Signed

Harry Carpenter
Signature

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Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

Harry Corpening
Harry Corpening
2396 Warwick Rd
Winston-Salem, NC 27104

725-3003

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.

10-19-04
Date Signed

Harry Corpening
Signature of Candidate

no money at all will be spent or
received on this campaign.