Statement of Organization - Candidate Complete C

Amendment Ves

1. Committee Information   2     a. Full Name   (ID Number)     D. Mailing Address (include City, State and Zip Code)   (ID Number)     2. Candidate Information   (ID Number)     3. Full Name   (ID Number)     2. Candidate Information   (ID Number)     3. Full Name   (ID Number)     3. Full Name   (ID Number)     A Full Name   (ID Number)     A Full Name   (ID Candidate') Primary Committee     A Full Name   (ID Number)     A Full Name   (ID Number)     A Full Name   (ID Number)     A Full Name   (ID Candidate') Primary Committee     A Full Name   (ID Candidate') Primary Committee     A Full Name   (ID Candidate') Primary Committee     A Full Name   (ID Oble Supplit)
MC   (LELLAN FOR CONCL   13 Y Z Z 9     b. Mailing Address (include City, State and Zip Code)   d. Date Organized     ZTB   (DATE & OAX DZ.)   7-19-05     CLEMMONS, AC 27012   B. Booe Number   336-766-982     2. Candidate Information   Candidate's Primary Committee   336-766-982     2. Candidate Information   Candidate's Primary Committee   13 Y Z 2 9     A reary MA yole   MS CLELLAN   13 Y Z 2 9   Horgerstart     Image Address (include City, State, and Zip Code)   6. Office Sought   f. Jarisdiction     ZTB   PARK OAK DE.   Condidate ID Number   Image Address (include City, State, and Zip Code)     Natiling Address (include City, State, and Zip Code)   6. Office Sought   f. Jarisdiction     ZTB   PARK OAK DE.   Custodian of Books Information   Image Address (include City, State, and Zip Code)     3. Treasurer Information   4. Custodian of Books Information   a Full Name   Party Affiliation.)     4. Anzizzy WA AME   ME CLELLAN   Maxing Address (include City, State, and Zip Code)   ZT18     5. Mailing Address (include City, State, and Zip Code)   J. Maxing Address (include City, State, and Zip Code)   ZT18     5. Assistant Treasurer Information   LA
b. Mailing Address (include City, State and Zip Code) ZTB PARK OAK DZ. CLEMMONS, AC 27012 2. Candidate Information a Full Name C. Candidate Information A Custodian of Books Information A Full Name A Full N
27.8   PARK OAK DR.     CLEMMONS, NC 27012   7-19-05     e. Phone Number   336-766-982-     2. Candidate Information   I Candidate's Primary Committee     a. Full Name   c. Candidate 'ID Number     Mailing Address (include City, State, and Zip Code)   e. Office Sought     D. Mailing Address (include City, State, and Zip Code)   e. Office Sought     27.8   PARK COAK DR.     CLEMMONS, NIC 27012   Construction     Mailing Address (include City, State, and Zip Code)   e. Office Sought is nonpartisan, write "Nonpartisan" in Party Affiliation.     3. Treasurer Information   4. Custodian of Books Information     a. Full Name   a. Full Name     LARZ-TS WAYARE ME CLELLAN   Mailing Address (include City, State, and Zip Code)     3. Treasurer Information   4. Custodian of Books Information     a. Full Name   a. Full Name     LARZ-TS WAYARE ME CLELLAN   Mailing Address (include City, State, and Zip Code)     ZT18   PARK CAK DR.     ZT18   PARK CAK DR.     CLEMMONS, INC ZTOIZ   CAMMONS ALC ZTOIZ     CLEMMONS, INC ZTOIZ   CAMMONS ALC ZTOIZ     Phone Number   d. Email Address     Statistant Treasurer Informati
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336-766-982
2. Candidate Information   Candidate's Primary Committee     a. Full Name   c. Candidate's Primary Committee     LATERY WAYNE MECLELLAN   13 Y Z 29     b. Mailing Address (include City, State, and Zip Code)   c. Office Sought     Z.T.B. PAER CARK DE.   C. ODUCLLMENT     QUENTY Affiliation   VIENTY Affiliation     2.T.B. PAER CARK DE.   C. ODUCLLMENT     QUENTY Affiliation.   C. ODUCLLMENT     3. Treasurer Information   4. Custodian of Books Information     a. Full Name   a. Full Name     LATERY WAYNE MECLELLAN   LAREY YAYNES     Mailing Address (include City, State, and Zip Code)   b. Mailing Address (include City, State, and Zip Code)     A. Treasurer Information   4. Custodian of Books Information     a. Full Name   a. Full Name     LATERY WAYNE MECLELLAN   LAREY YAYALE MECLELAN     b. Mailing Address (include City, State, and Zip Code)   b. Mailing Address (include City, State, and Zip Code)     Z.T.B. PARK OAKDE.   ZTIB PARK OAK DE.   ZTIB PARK OAK DE.     QLEMMONS, ALC ZTOIZ   VIENTONS, ALC ZTOIZ   LEMMONS, ALC ZTOIZ     Phone Number   d. Email Address   c. Phone Number   d. Email Address     CLEMMONS, LC ZTOIZ   <
Pull Name Candidate ID Number d.Party Affiliation LARERY WAYNE MECLELLAN 13 Y Z Z 9 HARPERSTER LINGE City, State, and Zip Code) confice Sought C. Jarisdiction Z71 B PARK OAK DE. CLEMMONS, NC Z7012 VILLAGE CF CLEMMONS UILAGE UILAGE CF CLEMMONS UILAGE UILAGE CF CLEMMONS UILAGE
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Dirice of Wind Mile Melling   134229   Internation     b. Mailing Address (include City, State, and Zip Code)   e. Office Sought   f. Jurisdiction     2718   PARK CARK DE.   CONCLEMENT   Contraction     CLEMMONS, NIC 27012   Contraction   Contraction   Contraction     3. Treasurer Information   4. Custodian of Books Information   Internation     a. Full Name   a. Full Name   a. Full Name     Alter State   Contraction   a. Full Name     Alter State   Contraction   Contraction     Mailing Address (include City, State, and Zip Code)   b. Mailing Address (include City, State, and Zip Code)     X718   PARK CARDE.   Contraction     Mailing Address (include City, State, and Zip Code)   b. Mailing Address (include City, State, and Zip Code)     X718   PARK CARDE.   Z718     CLEMMONS, ALC 27012   Contraction   Contraction     CLEMMONS, ALC 27012   Contraction   Contraction     Phone Number   d. Email Address   c. Phone Number   d. Email Address     Statant Treasurer Information   Madd   6. Account Information (incl. CR0.3500)   Add     Mailling Address (include City, State, and Zip Cod
b. Mailing Address (include City, State, and Zip Code) 2718 PARK COAK DE. CLEMMONS, N.C. 27012 3. Treasurer Information a. Full Name A Custodian of Books Information A Custodian of Books Information a. Full Name A Custodian of Books Information A Custodian of Books Information a. Full Name A Custodian of Books Information A Custodian of Custofic Custofic A Custofic Custofic Custofic Custofic A Custofic Custofic Fill Name A Custofic Fill Name A Custofic Custofic Custofic A Custofic Custofic Custofic Custofic A Custofic Custofic Custofic Custofic Custofic Custofic A Custofic Custofic Custofic Custofic Custofic Custofic Custofic A Custofic Cus
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(If office sought is nonpartisan, write "Nonpartisan" in Party Affiliation.)     3. Treasurer Information     A custodian of Books Information     a. Full Name     LATZIC WAYAE MC LIELLAN     A Custodian of Books Information     A Custodian of Books
3. Treasurer Information   4. Custodian of Books Information     a. Full Name   a. Full Name     LATZIZN WAYNE MC- (LELLAN   LARELY WAYNE MC (LELLAN     b. Mailing Address (include City, State, and Zip Code)   b. Mailing Address (include City, State, and Zip Code)     Z718 PARK OAKDZ.   LARELY WAYNE AC ZTO12     CLEMMONS, AC ZTO12   CLEMMONS, AC ZTO12     Phone Number   d. Email Address     c. Phone Number   d. Email Address     c. Assistant Treasurer Information   MAdd     Remove   a. Financial Institution Full Name     HOTZACE B. YOEK   Firzest C. Trezenis BANK     Mailing Address (include City, State, and Zip Code)   b. Purpose     HOTZACE B. YOEK   Firzest C. Trezenis BANK     Mailing Address (include City, State, and Zip Code)   b. Purpose     HOTZACE B. YOEK   Firzest C. Trezenis BANK     Mailing Address (include City, State, and Zip Code)   b. Purpose     HOTZACE B. YOEK   Firzest C. Trezenis BANK     Mailing Address (include City, State, and Zip Code)   b. Purpose     HOTZACE B. YOEK   Firzest C. Trezenis BANK     Mailing Address (include City, State, and Zip Code)   b. Purpose     HOTZACE B. YOEK   C. Code
3. Treasurer Information   4. Custodian of Books Information     a. Full Name   a. Full Name     LAZIZY WAYNE MC (LELLAN   LAZEY WAYNE MC (LELLAN     b. Mailing Address (include City, State, and Zip Code)   b. Mailing Address (include City, State, and Zip Code)     Z.718   PARK OAKDZ.   Z.718     CLEMMONDS, ALC 27012   CLEMMONDS, ALC 27017     Phone Number   d. Email Address     SZ-76982   LAZEY D LPSSECUTON, (OF SZ-76822     Address   c. Phone Number     d. Email Address   G. Account Information (incl. CR0.3500)     Add   6. Account Information (incl. CR0.3500)     Full Name   E. Financial Institution Full Name     HOTZACE B. YOEK   Furzer Citizenis BANK     Mailing Address (include City, State, and Zip Code)   b. Purpose     Mailing Address (include City, State, and Zip Code)   b. Purpose     Mailing Address (include City, State, and Zip Code)   b. Purpose     Mailing Address (include City, State, and Zip Code)   b. Purpose     Mailing Address (include City, State, and Zip Code)   b. Purpose     Mailing Address (include City, State, and Zip Code)   b. Purpose     Mailing Address (include City, State, and Zip Code)   b. Purpose
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CLEMMONS, MC 27012 C. Phone Number d. Email Address C. Code d. Type MAC CHECKING
c. Phone Number   d. Email Address   c. Phone Number   d. Email Address     326726982   LARERY@LPSSECUTENT, (Or 32676622   LAREY@LPSSECUTENT, (Or 32676622   LAREY@LPSSECUTENT, (Or 32676622     3. Assistant Treasurer Information   LARERY@LPSSECUTENT, (Or 32676622   LAREY@LPSSECUTENT, (Or 32676622   LAREY@LPSSECUTENT, (Or 32676622     5. Assistant Treasurer Information   LARERY@LPSSECUTENT, (Or 32676622   LAREY@LPSSECUTENT, (Or 32676622   LAREY@LPSSECUTENT, (Or 32676622     5. Assistant Treasurer Information   LARERY@LPSSECUTENT, (Or 32676622   LAREY@LPSSECUTENT, (Or 32676622   LAREY@LPSSECUTENT, (Or 32676622     4. Full Name   Remove   a. Financial Institution Full Name   If Add     4. Full Name   Remove   Financial Institution Full Name   If Remove     4. OTZACE B. YOEK   Firzest Cutricents BANK   If Remove     Mailling Address (include City, State, and Zip Code)   b. Purpose   Furger State     6920   HAREY@LettentLat.   CAMPAIGAS EXPENSES.     6. Account Information   (Interview)   CAMPAIGAS EXPENSES.     6. Account defined and the set of
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Full Name   Remove   a. Financial Institution Full Name   Remove     HOTZACE B. YORK   FIREST CLTIZENIS BANK     Mailing Address (include City, State, and Zip Code)   b. Parpose     6920   HARPEN ALLEY LAL.   CAMPAIGAN EXPENSES.     CLEMMONS, UC Z-7012   Code   d. Type     Phone Number   d. Email Address   c. Code   d. Type     SG-766-SSD   MAC   CHECKING
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Phone Number d. Email Address c. Code d. Type 36:766-520 None MAC (HECKING
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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.
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LARRY M. McCueuras Millin 7-1905
Printed Name of Signer Signature of Appointed Treasurer Date
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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:	LATERY W. ME CLELAN
Treasurer Name:	LARRY W. MECLEUAN
Treasurer Address:	278 PARK OAK DE
(include city, state, & zip)	CHEMMORIS, NC 27012
Treasurer Phone:	
ricasulci rnone:	336-766-9822

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.

FARE TATE DES.

Date Signed

ignature of Candidate

CRO-3100

Certification of Treasurer



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:	McCIELLAN FOR CASKOL	
Treasurer Name:	LARRY VI. Mc CLEUNY	
Treasurer Address:	2718 PARK CAK DZ.	
(include city, state, & zip)	GEMMONS, NC 27012	
_		
Treasurer Phone:	336-766-9822	

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.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

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.

Signature

Certification of Threshold



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:	Mª-CLEURNIFE CONCL	
Treasurer Name:	LAZEN W. MECLELLAN	
Treasurer Address:	2718 PARK OAK DZ.	
(include city, state, & zip)	CLEMMONS NC 27012	
Treasurer Phone:	536-766-9822	

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	<b>Financial Institution</b>	Address	Account Number	Code
(HECKING	15 CTIZOUS BANK	Common el		MAC

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

An cel mature of Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

Signature of Candidate

CRO-3500

Certification of Financial Account Information

March 2003