1. Committee Information					<i>-</i>	···········	
a. Full Name					c. ID Num	her	
W. LARRY SNWER				10.1201.1412.1	C. ID Number		
			is time.				
. Mailing Address (include City, State	e and Zip C	ode)	· · · · · · · · · · · · · · · · · · ·		d. Date Or	ganized	
						÷	
			•		e. Phone N	ımber	
. Candidate Information			☐ Candida	te's Primary Co	mmittee		
Fuli Name				Candidate ID Number d. Party Affiliation		iliation	
W. Larry Sowers			74YQW	6	Nonpa	Nonpartisan	
Mailing Address (include City, State,	and Zip Co	ode)	e. Office Sough	f	£.		
125 Oak Grove Avenue Lewisville, NC 27023		Lewisville Councilman (If office sought is nonpartisan, write "Nonpartisan" in					
Freasurer Information	·			Party .	Affiliation.)		
ell Name	 -		4. Custodian of Books Information 2. Full Name				
W. Larry Sowers		E. F. W. I. VALUE					
ailing Address (include City, State, a	nd Zin Cod	<u> </u>	b. Mailing Address (include City, State, and Zip Code)				
125 Oak Grove Ave			o. Waining Adur	as (incione City,	State, and Zip Co	ue)	
Lewisville, NC 2							
one Number d. Email Address			c. Phone Number	d Email A	Address		
15-5577 lsowers@	triad	.rr.com			<u> </u>		
ssistant Treasurer Information	11	Add	6. Account Inf	ormation (incl. CRO-3500)	Add	
ill Name		Remove	a. Financial Instit	ution Full Name		Remove	
illing Address (include City, State, and Zip Code)		b. Purpose					
ne Number d. Email Address		c. Code	d. Type	<u> </u>			

with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Larry Sowers

Printed Name of Signer

7-27-2005

CRO-2100A

NC State Board of Elections

May 2003

GEORNED

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20**VBO O**E STLEIGHE E**OBZAI**H CONKIE



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 SOWERS					
Treasurer Name:	Larry Sowers					
Treasurer Address:	125 Oak Grove Avenue					
(include city, state, & zip)	Lewisville, NC 27023					
		10.				
Treasurer Phone:	(336) 945-5577		-			
of elections and file required control of the contr	cle for this committee. If this committee excess on cycle, I understand that I must immediately ampaign finance reports. ONLY BE MADE AT THE BEGINNING OF	notify	the approp	riate board		
from the beginning of the curre	tification to remain under the \$3000 threshold or all contributions and expenditures that have nt election cycle. I further agree to file all futu	not be	an previous	ly reported		



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

TILED BY:	
Candidate Name:	Larry Sowers
Treasurer Name:	Larry Sowers
Treasurer Address:	125 Oak Grove Avenue
(include city, state, & zip)	Lewisville, NC 27023
··	
Treasurer Phone:	(336) 945-5577
the duties and responsibilities in	ion is correct, and I, as candidate, appoint said treasurer to personally fulfill aposed upon the appointed treasurer and subject to the penalties and egulation of Election Campaigns of Chapter 163 of the North Carolina
I understand that if the above Tro the existing Statement of Organiz	easurer changes, it will be necessary to certify a new treasurer and amend zation within 10 days of the vacancy.
7-27-2005	Larry Sousen
Date Signed	Signature of Condidate



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

Kimberly Westbrook Deputy Director - Campaign Reporting

FILED BY:

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

Confidential

Certification of Financial Account Information

Committee Nam	e: LARRY	SOWER.	S.				
Treasurer Name:		Larry Wowers					
Treasurer Addres	s: 125 Oak	125 Oak Grove Avenue					
(include city, state, &	Lewisvi	Lewisville, NC 27023					
Treasurer Phone:	(336) 9	(336) 945-5577					
for the above named accounts, money mar Committee. The information provi a court of competent juprovide account information confidentiality of the account information of the account information confidentiality of the accounts of the ac	Committee. These accounts, of the counts of the count of the counts of the	s true and accurate. I am put numbers include all bar or any other financial accordered confidential and is a for the purposes of an audiessary to assign each according to have been waived.	nk accounts utilized, ount used for any pure not subject to public lit or investigation or ount number a "code	credit card rpose by the disclosure. r as required by e" in order to			
Type of account	Financial Institution	Address	Account Number	Code			
Checking	Allegacy	Winston-Salem		02			
provided. 7-29-2005	nt, I authorize agents of	the State Board of Electio	ns to inspect all acco				
Date Signed			Signature of Treasurer	······································			
In lieu of providing according fee.	ount information, I certify (Only candidates may cl	y that this committee will soose this option.)	not raise or spend a	ny money			
Date Signed			Signature of Candidate				
CRO-3500	Certification of Fin	ancial Account Informati	on	March 2003			