

# COPY

## Statement of Organization - Candidate Committee

Amendment

☐ Yes☒ No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
STEVEN THOMPSON		W8YF3F	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
737 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, N.C. 27023		07/11/2005	
		e. Phone Number	
		(336) 945-2503	
<b>2. Candidate Information</b>		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
STEVEN THOMPSON	W8YF3F	NONPARTISAN	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
737 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, N.C. 27023	COUNCILMAN TOWN OF LEWISVILLE	LEWISVILLE	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
STEVEN THOMPSON			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
737 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, N.C. 27023			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(336) 945-2503			
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		WACHOVIA	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		PERSONAL CHECKING	
c. Phone Number	d. Email Address	c. Code	d. Type
		SRT02	CHECKING
<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.			
STEVEN THOMPSON		07/19/2005	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

CRO-2100A

NC State Board of Elections

May 2003

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FORSYTH COUNTY  
BOARD OF ELECTIONS



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:

STEVEN THOMPSON

Treasurer Name:

STEVEN THOMPSON

Treasurer Address:

737 LEWISVILLE-CLEMMONS ROAD

(include city, state, & zip)

LEWISVILLE, N.C. 27023

Treasurer Phone:

336-945-2503

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.

07/19/2005

Date Signed

  
Signature



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State Board of Elections

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Fax: (919) 715-8047

**Certification of Treasurer**

**FILED BY:**

Candidate Name: STEVEN THOMPSON

Treasurer Name: STEVEN THOMPSON

Treasurer Address: 737 LEWISVILLE-CLEMMONS ROAD  
(include city, state, & zip) LEWISVILLE, N.C. 27023

Treasurer Phone: 336-945-2503

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.

07/19/2005

Date Signed

Steven Thompson  
Signature of Candidate



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

**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: STEVEN THOMPSON  
Treasurer Name: STEVEN THOMPSON  
Treasurer Address: 737 LEWISVILLE-CLEMMONS ROAD  
(include city, state, & zip) LEWISVILLE, N.C. 27023  
  
  
Treasurer Phone: 336-945-2503

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
CHECKING	WACHOVIA	KERNERSVILLE	[REDACTED]	SRT02

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

07/19/2005

Date Signed

  
Signature of Treasurer