

Statement of Organization - Candidate Committee

Amendment	
Yes	Z No

1. Committee Infor	mation						
a. Full Name					c. ID Number		
STEVEN THOMP	SON				W8YF3F		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized				
	-CLEMMONS ROAD				07/11/2005		
LEWISVILLE,N.C	. 21023				e. Phone Num	ber .	
					(336) 945-	2503	
2. Candidate Infor	mation		✓ Candidate's Pr				
a. Full Name			c. Candidate ID Num	ber	d. Party Affili	ation	
STEVEN THOMPSON		W8YF3F	F NONP				
b. Mailing Address (inc	lude City, State, and Zip Cod	e)	e. Office Sought			f. Jurisdiction	
737 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, N.C. 27023		COUNCILMAN TOWN OF LEWISVILLE			LEWISVILL E		
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)					
3. Treasurer Information		4. Custodian of Books Information					
a. Full Name			a. Full Name		<u> </u>		
STEVEN THOMP	SON				<u></u>		
b. Mailing Address (inc	lude City, State, and Zip Cod	e)	b. Mailing Address (include City, State, and Zip Code)				
737 LEWISVILLE LEWISVILLE, N.C	-CLEMMONS ROAD C. 27023						
c. Phone Number	d. Email Address		c. Phone Number	d. Email Add	. Email Address		
(336) 945-2503					· <u></u>		
5. Assistant Treasu	rer Information	Add	6. Account Inform		L CRO-3500)	∠ Add	
a. Full Name		Remove	a. Financial Institutio	n Full Name		Remove	
	-		WACHOVIA				
b. Mailing Address (inc	lude City, State, and Zip Cod	e)	b. Purpose				
			PERSONAL CHECKING				
c. Phone Number	d. Email Address		c. Code	d. Type			
			SRT02	CHECKIN	G		
with funds for a fe	ommittee is in complianc deral or out-of-state PAC	. I further say Ster	that this report is con	, including that mplete, true and an arrangement of the control of	at no funds and correct. 07/19/2		

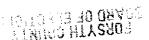
CRO-2100A

NC State Board of Elections

May 2003

RECEIVED

SUUR THE SO BHIS: 05





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
election cycle under the procuntil the end of the election	nittee intends to neither receive nor expend more than \$3,000 during the current reduces set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or cition cycle, I understand that I must immediately notify the appropriate board I campaign finance reports.
file the next scheduled repor	Certification to remain under the \$3000 threshold. I will now be required to t for all contributions and expenditures that have not been previously reported rrent election cycle. I further agree to file all future reports required.
07/19/2005	Steve Thomas



506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting

FILED BY:

Candidate Name:

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

Certification of Treasurer

STEVEN THOMPSON

Treasurer Name:	STEVEN THOMPSON
Treasurer Address:	737 LEWISVILLE-CLEMMONS ROAD
(include city, state, & zip)	LEWISVILLE, N.C. 27023
Freasurer Phone:	336-945-2503
•	
he duties and responsibilitie	mation is correct, and I, as candidate, appoint said treasurer to personally fulfill es imposed upon the appointed treasurer and subject to the penalties and I. Regulation of Election Campaigns of Chapter 163 of the North Carolina
	e Treasurer changes, it will be necessary to certify a new treasurer and amend ganization within 10 days of the vacancy.
	P1_ 11
07/19/2005	Dever Mange
Date Signed	Signature of Candidate



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	• •	STEVEN THOMPSON					
Treasurer Name:	e: STEVEN THOMPSON						
Treasurer Address	s:	737 LEWISVILLE-CLEMMONS ROAD					
(include city, state, &	zip)	LEWISVILLE, N.C. 27023					
	.						
Treasurer Phone:			336-9	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		SRT02			
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.							
07/19/200 Date Signed	5	Stem	Manys Signature of Treasgree				