Statement of Organization - Candidate Computer Statement



Amendment	
Yes	D No

1. Committee In	nformation					
a. Full Name					c. ID Number	
HERMA	WC. DENNY.	RULALI	HALL Town	Council	L815L	M
b. Mailing Address	(include City, State and Zip C	ode)			d. Date Organized	
	Running brook				7-14-0	25
RURAL HAU, NC 27045				e. Phone Number		
/00.00					(336) 969-0	6791
2. Candidate Inf	formation		Candidate's P	rimary Commi	itee	
a. Full Name			c. Candidate ID Nur	nber	d. Party Affiliation	
HERMAN	CARTER DENN	1	L845	LM	NON-PARTI	SAN
b. Mailing Address (include City, State, and Zip Co	de)	e. Office Sought		f. Jeris	diction
	lunninsbacok La . Haw, NC 27			is nonpartisan,	A Kendhell Fo.	
				Party Affili		
3. Treasurer Info	rmation	<u> </u>	4. Custodian of B	ooks informa	non	
a. Full Name			a. Full Name			
HERMAI	n CANJER DEN	MY	5Ame			
). Mailing Address (in	clude City, State, and Zip Coo	le)	b. Mailing Address (i	eciude City, State	, and Zip Code)	
<i>^</i>	Runninsbrook Re HALL NC		5kme	<u>.</u>		
. Phone Number	d. Email Address		c. Phone Number	d. Email Addre	ss <u> </u>	
969-6791	hodenny e en	THUNK, NET	Sime	SA	m-e	
. Assistant Treas	arer Information	Add	6. Account Inform	ation (incl.	CRO-3500)	1
Full Name		Remove	a. Financial Institution	Fuli Name	Rem	iove
None	e		No	re	4	
Mailing Address (inc	lude City, State, and Zip Code	e)	b. Purpose			
Phone Number	d. Email Address		c. Code	d. Type		
					. ·	j
ERTIFICATION	·				· · · · · · · · · · · · · · · · · · ·	
certify that the Co	ommittee is in compliance leral or out-of-state PAC.	with all provision	ons of Article 22A, in this report is comp	ncluding that no	o funds are commi	ngled
	ARREN DEWNY Name of Signer	_ the	man Carl	Serry	7-14-0	25
rimed	14ame of Sikner		mir or uppositud ried			

CRO-2100A

NC State Board of Elections

May 2003



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

Treasurer Name:	HERMAN CARTER DENNY	
Treasurer Address:	GREATER DENNY 626 RUNNINGBROOK LANE RURAL HALL, NO 27045	e.
(include city, state, & zip)	RURAL HALL, NC 27045	
Treasurer Phone:	(336) 969-6791	
the duties and responsibilities i	tion is correct, and I, as candidate, appoint said treasurer to personally fulfill mposed upon the appointed treasurer and subject to the penalties and egulation of Election Campaigns of Chapter 163 of the North Carolina	/
understand that if the above T he existing Statement of Organ	reasurer changes, it will be necessary to certify a new treasurer and amend sization within 10 days of the vacancy.	
	1	



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:	HERMAN CANTER DENNY
Treasurer Name:	HERMAN CARTER DENNY
Treasurer Address:	626 Runningbasok lane
(include city, state, & zip)	Rugac Hau NC 27045
Treasurer Phone:	336-969-6791
election cycle under the procuntil the end of the election of expenditures during this elections and file required THIS DECLARATION CAN I am withdrawing my C file the next scheduled report	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 rycle for this committee. If this committee exceeds \$3,000 in contributions or tion cycle, I understand that I must immediately notify the appropriate board campaign finance reports. I ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. The ertification to remain under the \$3000 threshold. I will now be required to for all contributions and expenditures that have not been previously reported rent election cycle. I further agree to file all future reports required.
7- 14- 05 Date Signed	German Carter Servery Signature



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:	1	. (<i>a</i> · <i>t</i>
Committee Name	e: <u>bereman l'</u>	Denny &	were there Too	an council
Treasurer Name:	Herman	CANTON I	DENNY	
Treasurer Addres	ss: <u>626 A</u>	Junningbro	ok lane	
(include city, state, &	ezip) <u>Runac</u>	Hou N	C 27045	
Treasurer Phone:	336 -	969-670	3/	
for the above named accounts, money man Committee.	rmation provided below is Committee. These accoun ket or savings accounts, or	t numbers include all l r any other financial ac	oank accounts utilized, ca ecount used for any purpo	redit card ose by the
The information prov	ided on this form is consid ided would only be used fo urisdiction. It will be nece	or the purposes of an a essary to assign each a	udit or investigation or a ccount number a "code"	s required by in order to
provide account infor confidentiality of the	mation on required disclos account number is presume	ure reports. If an according to have been waive	i.	e code,
provide account inforconfidentiality of the account	mation on required disclos account number is presume Financial Institution	ure reports. If an according to have been waive	i. Account Number	Code
confidentiality of the	account number is presume	ed to have been waive	i.	
Type of account	account number is presume	ed to have been waive	i.	
Type of account	account number is presume	Address	Account Number	Code
Type of account	account number is presume Financial Institution	Address	Account Number	Code
Type of account NONE By signing this statem provided.	Financial Institution Financial Institution ent, I authorize agents of the	Address	tions to inspect all account	Code
Type of account NONE By signing this statem	Financial Institution Financial Institution ent, I authorize agents of the	Address	Account Number	Code
Type of account NONC By signing this statem provided. 7-14-05 Date Signed In lieu of providing account	Financial Institution Financial Institution ent, I authorize agents of the second information, I certify	Address he State Board of Electron that this committee w	Account Number tions to inspect all accounts Signature of Treasurer	Code
Type of account NONC By signing this statem provided. 7-14-05 Date Signed In lieu of providing account	Financial Institution Financial Institution ent, I authorize agents of the	Address he State Board of Electron that this committee w	Account Number tions to inspect all accounts Signature of Treasurer	Code
Type of account NONC By signing this statem provided. 7-14-05 Date Signed In lieu of providing account	Financial Institution Financial Institution ent, I authorize agents of the second information, I certify	Address he State Board of Electron that this committee w	Account Number tions to inspect all accounts Signature of Treasurer	Code