



COPY

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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: THOMAS LAWSON
Treasurer Name: THOMAS LAWSON
Treasurer Address: 356 LEWISVILLE TRAILS RD
(include city, state, & zip) LEWISVILLE NC 27023
Treasurer Phone: 336-945-6299

RECEIVED
2007 JUL 20 AM 10:24
FORSYTH COUNTY
BOARD OF ELECTIONS

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/19/07
Date Signed

THL
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee

This form must be accompanied by forms CRO-3100 and CRO-3500

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name	c. ID Number
TOM LAWSON FOR LEWISVILLE MAYOR	59YKIN
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
356 LEWISVILLE TRAILS RD LEWISVILLE NC 27023	7/20/07
	e. Phone Number
	336 945-6298

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
THOMAS LAWSON	59YKIN	NON PARTISAN
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
356 LEWISVILLE TRAILS RD LEWISVILLE NC 27023	LEWISVILLE MAYOR	
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	

3. Treasurer Information

a. Full Name	a. Full Name
THOMAS LAWSON	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
356 LEWISVILLE TRAILS RD LEWISVILLE NC 27023	
c. Phone Number	d. Email Address
336 971-1257	TLAWSON007@HOTMAIL.COM

5. Assistant Treasurer Information

☐ Add
☐ Remove

6. Account Information (incl. CRO-3500)

☐ Add
☐ Remove

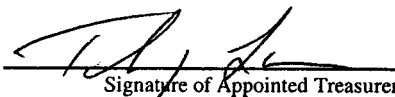
a. Full Name	a. Financial Institution Full Name
	WACHOVIA
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
	CAMPAIGN FINANCE
c. Phone Number	d. Email Address
c. Account Code	d. Type
TLC	CHECKING

CERTIFICATION

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.

THOMAS J LAWSON

Printed Name of Signer



Signature of Appointed Treasurer

7/20/07

Date



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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:

Committee Name:

TOM LAWSON FOR LEWISVILLE MAYOR ~~COUNCIL~~

Treasurer Name:

THOMAS LAWSON

Treasurer Address:

356 LEWISVILLE TRAILS RD

(include city, state, & zip)

LEWISVILLE NC 27023

Treasurer Phone:

336 945-6299

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.

7/9/07
Date Signed

TH/L
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: TOM LAWSON FOR LEWISVILLE MAYOR
Treasurer Name: THOMAS LAWSON
Treasurer Address: 356 LEWISVILLE TRAILS RD
(include city, state, & zip) LEWISVILLE NC 27023
Treasurer Phone: 336 945-6299

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 "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code
CHECKING	WACHOVIA BANK	3731 PETERS CREEK WINSTON SALEM NC 27127	[REDACTED]	TLC

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

7/20/07
Date Signed

[Signature]
Signature of Candidate or 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 or Treasurer