

**COPY**



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

FORSYTH COUNTY  
BOARD OF ELECTIONS

2007 JUL 27 AM 11:27

RECEIVED

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:

JEFF LARRIMORE

Treasurer Name:

SV JEFF ~~LARRIMORE~~ LARRIMORE

Treasurer Address:

4825 INA LANE

(include city, state, & zip)

WALKERTOWN, NC 27051

Treasurer Phone:

(336) 595-2464

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).

7/23/07

Date Signed

*Jeffrey Keith Larrimore*

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

ELECT JEFF LARRIMORE RECEIVED

c. ID Number

b. Mailing Address (include City, State and Zip Code)

4825 INA LANE  
WALKERTOWN, NC 27051

d. Date Organized

7/23/07

e. Phone Number

336 595-2464

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

JEFF LARRIMORE

c. Candidate ID Number

OWYPK1

d. Party Affiliation

Non-Partisan

b. Mailing Address (include City, State, and Zip Code)

4825 INA LANE  
WALKERTOWN, NC 27051

e. Office Sought

Town Councilman

f. Jurisdiction

WALKERTOWN

(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)

## 3. Treasurer Information

a. Full Name

JEFF LARRIMORE

## 4. Custodian of Books Information

a. Full Name

JEFF LARRIMORE

b. Mailing Address (include City, State, and Zip Code)

4825 INA LANE  
WALKERTOWN, NC 27051

b. Mailing Address (include City, State, and Zip Code)

4825 INA LANE  
WALKERTOWN, NC 27051

c. Phone Number

336 595-2464

d. Email Address

PORKCHOP@Tn40.RL.COM

c. Phone Number

336 595-2464

d. Email Address

PORKCHOP@Tn40.RL.COM

## 5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

## 6. Account Information (incl. CRO-3500)

☒ Add

☐ Remove

a. Financial Institution Full Name

Sun Trust

b. Mailing Address (include City, State, and Zip Code)

b. Purpose

ELECT JEFF LARRIMORE

c. Phone Number

d. Email Address

c. Account Code

d. Type

JL2464

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.

JEFF LARRIMORE

Printed Name of Signer

Jeff Keith Larrimore

Signature of Appointed Treasurer

7/24/07

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:

ELECT JEFF LARRIMORE

Treasurer Name:

JEFF ~~STRACH~~ LARRIMORE

Treasurer Address:

4825 INA LANE

(include city, state, & zip)

WAKEFORD, NC 27051

Treasurer Phone:

(336) 595-2464

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.

7/23/07

Date Signed

Jeffrey Keith Larrimore

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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

*JE* **ELECT JEFF LARRIMORE**  
**JEFF ~~LARRIMORE~~ LARRIMORE**  
**4825 INA LANE**  
**WALKERTOWN, NC 27051**  
**(336) 595-2464**

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	SUN TRUST	WALKERTOWN NC	[REDACTED]	JL2464

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

7/23/07

Date Signed

*Jeff Larrimore*  
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