

Statement of Organization - Candidate Committee

Amendment

☐ Yes ☒ No

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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL		1CQKIA	
b. Mailing Address (Include City, State and Zip Code)		d. Date Organized	
3467 TANGLEBROOK TRAIL, CLEMMONS, NC 27012		7/27/2015	
		e. Phone Number	
		336-766-1329	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
LANNY L FARMER			REPUBLICAN
b. Mailing Address (Include City, State, and Zip Code)		g. Office Sought	
3467 TANGLEBROOK TRAIL, CLEMMONS, NC 27012		VILLAGE COUNCIL, CLEMMONS, NC	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-766-1329	LANFARM@TRIAD.RR.COM	2017	
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
THOMAS J KENNY		SAME	
b. Mailing Address (Include City, State, and Zip Code)		b. Mailing Address (Include City, State, and Zip Code)	
3462 TANGLEBROOK TRAIL, CLEMMONS, NC 27012			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-773-4726	NONE		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		ALLEGACY FEDERAL CREDIT UNION	
b. Mailing Address (Include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN TRANSACTIONS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1967	CHECKING
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
THOMAS J KENNY		7-27-15	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

2015 JUL 28 PM 4:15

CLAY COUNTY
CLERK OF SUPERIOR COURT



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

Kim Westbrook Strach
Executive Director

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

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: LANNY FARMER FOR CLEMMONS VILLAGE Council
Treasurer Name: THOMAS J. KENNY
Treasurer Address: 3462 TANGLEBROOK TRAIL
(include city, state, & zip) CLEMMONS NC 27012

Treasurer Phone: 828-473-4726

Check One:

☐ I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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 at or under the \$1,000 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.

7/28/2015
Date Signed

[Signature]
Signature



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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: LANNY L FARMER
Treasurer Name: THOMAS J KENNY
Treasurer Address: 3462 TANGLEBROOK TRAIL
(include city, state, & zip) CLEMMONS NC 27012

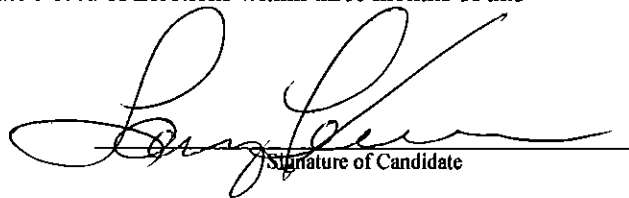
Treasurer Phone: 828-473-4726

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.

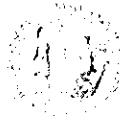
I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

07/27/2015

Date Signed


Signature of Candidate

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



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Fax: (919) 715-8047

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: LANNY L FARMER
Committee Name: LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL
Treasurer Name: THOMAS J KENNY
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: _____
Level Registered: [State] [County] If county, specify: _____

I, LANNY L FARMER hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>A STOREHOUSE FOR JESUS</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: _____

Date: 7-27-15

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