

Statement of Organization

1. Name of Committee <i>Garron for Senate</i>						7. Date <i>2/20/02</i>
2. Address of Committee <i>P.O. Box 11843</i>						8. ID Number
3. City <i>W.S.</i>	4. State <i>NC</i>	5. Zip <i>27116</i>	6. Phone <i>922-6142</i>	9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Type of Committee (Check one and complete the respective information required below.)						
<input checked="" type="checkbox"/> 10. Candidate Committee			<input type="checkbox"/> Primary Candidate Committee			
<i>(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)</i>						
a. Name of Candidate <i>Jude Garron</i>	b. Candidate ID Number	c. Office <i>NC Senate</i>	d. Party Affiliation <i>D</i>	e. Dist/Cty/Mun <i>20th</i>		
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser			<input type="checkbox"/> Primary Candidate Committee			
a. If Fundraiser, Name of Event			b. If Fundraiser, Event Location			
c. Candidate Names			d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits %
						%
						%
						%
						%
<input type="checkbox"/> 12. Party Committee						
a. Type (Check one)					b. Party	
<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate						
<input type="checkbox"/> 13. General Political Committee						
a. Category (Check one)						
<input type="checkbox"/> Banking/Finance		<input type="checkbox"/> Conservative/Liberal		<input type="checkbox"/> Health		<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Building/Real Estate		<input type="checkbox"/> Environment		<input type="checkbox"/> Insurance		<input type="checkbox"/> Minority
<input type="checkbox"/> Religious		<input type="checkbox"/> Get Out the Vote		<input type="checkbox"/> Legal		<input type="checkbox"/> Information Tech/Telecommunications
<input type="checkbox"/> Political Party not part of the Party Plan of Organization						<input type="checkbox"/> Other:
b. Type (Check one)			c. Definition of Type			
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose						
<input type="checkbox"/> Economic Interest						
d. Member Definition						
Connected Organization or Affiliated Committee						
e. Name		f. Mailing Address (include city, state, & zip)			g. Relationship	
<input type="checkbox"/> 14. Referendum Committee						
a. Name of Referendum			b. Referendum Date		c. Declaration (Check one)	
					<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Statement of Organization

15. Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Jessie Lord	835 Roslyn Rd	WS	NC	27104	336-725-1656-11 777-1677-11
g. Email Address					
16. Assistant Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					
17. Custodian of Books Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					
18. Bank/Depository/Credit Account Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
Wachovia	Main Street	W-S	NC	27102	Checking
g. Purpose				h. Code	
checking					
g. Purpose				h. Code	
19. Certification of Threshold <i>(for Candidate and Party Committees Only)</i>					
<input type="checkbox"/> I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.					
<input checked="" type="checkbox"/> I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.					
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.					
_____ Signature of Appointed Treasurer or Candidate				_____ Date	
Linda Haron				2/26/02	



STATE BOARD OF ELECTIONS

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

FEB 26 02

RECEIVED

Kimberly Westbrook
Deputy Director - Campaign Reporting

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

Certification of Treasurer

FILED BY:

Candidate Name: Linda Herron
Treasurer Name: Frank K. Lord
Treasurer Address: 835 Roslyn Road
(include city, state, & zip) Windsor Salem NC
27104

Treasurer Phone: 336 - 777 - 1677 (D)
336 - 725 - 8056 (H)

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.

2/26/02
Date Signed

Linda Herron
Signature of Candidate

Statement of Organization

1. Name of Committee Marrou for Senate						7. Date 7/26/02
2. Address of Committee P.O. Box 11843						8. ID Number
3. City Wm. Salem	4. State NC	5. Zip 27116	6. Phone - 922-4192	9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Type of Committee (Check one and complete the respective information required below.)						
<input checked="" type="checkbox"/> 10. Candidate Committee				<input type="checkbox"/> Primary Candidate Committee		
<i>(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)</i>						
a. Name of Candidate LINDA GARROU	b. Candidate ID Number	c. Office NC SENATE	d. Party Affiliation D	e. Dist/Cty/Mun 32		
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser				<input type="checkbox"/> Primary Candidate Committee		
a. If Fundraiser, Name of Event			b. If Fundraiser, Event Location			
c. Candidate Names			d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits %
<input type="checkbox"/> 12. Party Committee						
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<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate						
<input type="checkbox"/> 13. General Political Committee						
a. Category (Check one)						
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b. Type (Check one)			c. Definition of Type			
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose						
<input type="checkbox"/> Economic Interest						
d. Member Definition						
Connected Organization or Affiliated Committee						
e. Name		f. Mailing Address (include city, state, & zip)			g. Relationship	
<input type="checkbox"/> 14. Referendum Committee						
a. Name of Referendum			b. Referendum Date	c. Declaration (Check one)		
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		

Statement of Organization

15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
FRANK K. LOEB III	835 Roslyn Rd	W.S	NC	27104	725-8056 777.1677
g. Email Address					

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16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
WACHOVIA	MAIN STREET	WS	NC	27102	XXXXXXXXXX
g. Purpose				h. Code	
Checking					
g. Purpose				h. Code	

19. Certification of Threshold *(for Candidate and Party Committees Only)*

I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.

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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.

Linda Harrou
Signature of Appointed Treasurer or Candidate

7/26/02
Date