

COPY

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 LAWSON FOR LEWISVILLE COUNCIL		c. ID Number JCQ 895	
b. Mailing Address (include City, State and Zip Code) THOMAS J LAWSON 356 LEWISVILLE TRAILS RD LEWISVILLE NC 27023		d. Date Organized 7/15/11	
		e. Phone Number 336 971-1257	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name THOMAS J LAWSON		e. Candidate ID Number JCQ 895	f. Party Affiliation NON-PARTISAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) LEWISVILLE 356 LEWISVILLE TRLS RD NC 27023		g. Office Sought COUNCILMAN	
c. Phone Number 336 971-1257	d. Email Address TLAWSON007@HOTMAIL.COM	h. Next Election Year 2011	i. Jurisdiction LEWISVILLE NC.
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name THOMAS J LAWSON		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 356 LEWISVILLE TRAILS RD LEWISVILLE NC 27023		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 336 971-1257	d. Email Address TLAWSON007@HOTMAIL.COM	c. Phone Number	d. Email Address
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	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name WACHOVIA	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose CAMPAIGN	
c. Phone Number	d. Email Address	c. Account Code WACH	d. Type 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 LAWSON Printed Name of Signer		 Signature of Appointed Treasurer	7/15/11 Date

RECEIVED
2011 JUL 15 AM 10:12
FORSYTH COUNTY
BOARD OF ELECTIONS



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 J LAWSON

Treasurer Name: THOMAS J LAWSON

Treasurer Address: 356 LEWISVILLE TRAILS RD

(include city, state, & zip) LEWISVILLE NC 27023

Treasurer Phone: 336 971-1257

FORSYTH COUNTY
BOARD OF ELECTIONS
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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).

7/15/11
Date Signed

[Signature]
Signature of Candidate

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

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 2725
Raleigh, NC 27611-7255
(919) 733-7178
Fax: (919) 715-8047

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BOARD OF ELECTIONS

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.

FILED BY:

Committee Name: LAWSON FOR LEWISVILLE COUNCIL

Treasurer Name: THOMAS J LAWSON

Treasurer Address: 356 LEWISVILLE TRAILS RD.

(include city, state, & zip) LEWISVILLE NC 27023

Treasurer Phone: 336 971-1257

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.

7/15/11
Date Signed

[Signature]
Signature

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