



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

COPY

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:	Larry Sowers
Treasurer Name:	Larry Sowers
Treasurer Address:	125 Oak Grove Avenue
(include city, state, & zip)	Lewisville, NC 27023
Treasurer Phone:	(336) 945-5577

RECEIVED
2007 JUL 20 AM 8:30
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).

7-17-07
Date Signed

Larry Sowers
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
Larry Sowers		
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
125 Oak Grove Avenue Lewisville, NC 27023		7-10-07
		e. Phone Number
		336-945-5577

2. Candidate Information

Candidate's Primary Committee

a. Full Name		c. Candidate ID Number	d. Party Affiliation
W. Larry Sowers		43YI97	Nonpartisan
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
125 Oak Grove Avenue Lewisville, NC 27023		Lewisville Councilman	
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	

3. Treasurer Information

4. Custodian of Books Information

a. Full Name		a. Full Name	
W. Larry Sowers			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
125 Oak Grove Avenue Lewisville, NC 27023			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(336) 945-5577	lsowers@triad.rr.com		

5. Assistant Treasurer Information

Add

Remove

6. Account Information (incl. CRO-3500)

Add

Remove

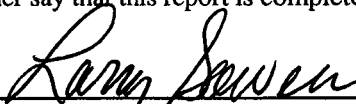
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type

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.

Larry Sowers

Printed Name of Signer


Signature of Appointed Treasurer

7-17-07

Date



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

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: Larry Sowers
Treasurer Name: Larry Sowers
Treasurer Address: 125 Oak Grove Avenue
(include city, state, & zip) Lewisville, NC 27023
Treasurer Phone: (336) 945-5577

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	Allegacy	Winston-Salem, NC	[REDACTED]	02
Mastercard	Chase Bank	Wilmington, DE	[REDACTED]	0202

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

07-17-07
Date Signed

Larry Sowers
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