

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

## 1. Committee Information

a. Full Name <b>James G. Memory</b>		c. ID Number <b>0BYJPA</b>	
b. Mailing Address (include City, State and Zip Code) <b>413 Wesley PARK DR Kernersville, N.C. 27284</b>		d. Date Organized	
		e. Phone Number <b>336-992-5241</b>	

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## 2. Candidate Information

Primary Candidate Committee

a. Full Name <b>James G. Memory</b>		b. Candidate ID Number <b>0BYJPA</b>	
c. Office Sought <b>ALDERMAN Kernersville</b>	d. District/County/Municipality <b>Forsyth</b>	e. Party Affiliation <b>NON Partisan</b>	
(If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.)			

## 3. Treasurer Information

a. Full Name <b>James G. Memory</b>	
b. Mailing Address (include City, State, and Zip Code) <b>413 Wesley PARK DR Kernersville NC 27284</b>	
c. Phone Number <b>992-5241</b>	d. Email Address <b>jmemory@31DODGE.com</b>

## 4. Custodian of Books Information

a. Full Name <b>James G. Memory</b>	
b. Mailing Address (include City, State, and Zip Code) <b>413 Wesley PARK DR Kernersville, N.C 27284</b>	
c. Phone Number <b>992-5241</b>	d. Email Address <b>jmemory@31DODGE.com</b>

## 5. Assistant Treasurer Information

a. Full Name		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address	

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

a. Financial Institution Full Name	<input type="checkbox"/> Add
	<input type="checkbox"/> Remove
b. Purpose	
c. 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.

James G. Memory  
Printed Name of Signer

James G. Memory  
Signature of Appointed Treasurer

8-7-03  
Date



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North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

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:

Jim Memory

Treasurer Name:

Jim Memory

Treasurer Address:

413 Wesley PARK DR

(include city, state, & zip)

Keenersville N.C 27284

Treasurer Phone:

336-992-5241

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.

8/7/03

Date Signed

Jim Memory

Signature of Candidate



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**Certification of Threshold**

**FILED BY:**

Committee Name: Jim Memory For ALDERMAN

Treasurer Name: Jim Memory

Treasurer Address: 413 Wesley PARK DR

(include city, state, & zip) Kernersville, NC 27284

Treasurer Phone: 336-992-5241

**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.

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.

8/7/03  
Date Signed

Jim Memory  
Signature



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*Confidential*

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Jim Memom For ALDERMAN  
 Treasurer Name: Jim Memom  
 Treasurer Address: 413 Wesley PARK DR  
 (include city, state, & zip) Kernersville, N.C. 27284

Treasurer Phone: 336-992-5241

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 "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
Checking	WACHOVIA	K VILLE	<del>XXXXXXXXXX</del>	A

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

8/7/03  
Date Signed

Jim Memom  
Signature of Treasurer



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

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Kimberly Westbrook  
 Deputy Director - Campaign Reporting

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

PH 3:51

**Certification to Close Committee**

**FILED BY:**

Committee Name: Jim Memory FOR Alderman

Treasurer Name: Jim Memory

Treasurer Address: 413 Wesley PARK DR

(include city, state, & zip) Kernersville N.C. 27284

Treasurer Phone: 336-992-5241

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

12/11/03  
 Date Signed

Jim Memory  
 Signature