Statement of Organization - Candidate Committee

/u	Lmendment				
	Yes			No	
•	7			* ** **	
_					

1. Committee Inform	nation				TO Name to an
a. Fuli Name					c. ID Number
Keith Patterson Snow				82547	
b. Mailing Address (inclu	ide City, State and Zip Code)				d. Date Organized
2520 M	-zpah Ch. A	Rd			8-8-63
RUJAL HAL	I N.C.				e. Phone Number
(10	27045				336-9223133
2. Candidate Inform	nation		Primary Candidate Committee		
a. Full Name					b. Candidate ID Number
Kouth PA	Herson Swor	لہ			F8YNU0
c. Office Sought			d. District/County/Muni	cipality	e. Party Affiliation
MAYOY	of Tubaccoville is nonpartisan, write "Nonp		forsyth		N/A
(If office sought	is nonpartisan, write "Nonp	oartisan" in [e] Party Affiliation.)		
3. Treasurer Inform	nation		4. Custodian of Books Information		
a. Full Name			a. Full Name		
Keith P	AHerson SNO	พ	Keith Patterson Svow		
b. Mailing Address (incl	ude City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)		
7521 Wiz	pah Ch. Ad.	7045	SAME		
	d. Email Address		c. Phone Number	d. Email Add	ress
C. FRORE INMIDE					
36 9223133	,				L cro sees II LAdd
5. Assistant Treasurer Information Add			6. Account Information (incl. CRO-3500) Add		
a. Fuli Name		Remove	a. Financial Institution	Full Name	L_I KUMOTU
					•
	and the control of the Control		b. Purpose		
b. Mailing Address (include City, State, and Zip Code) b. Purpose b. Purpose					
The second second	d. Email Address		c. Code	d. Type	
c. Phone Number	er twen very ess				· .
1				<u></u>	
CERTIFICATION					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled					
is certify that the Committee is in compliance with an provisions of a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
1, 0,					
16712Cin) Katti 1-aran 8-8-03					
KG. 44.1. SU Print	ed Name of Signer	_ 1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ignature of Appointed Tree	asurer	Date
		NC State R	oard of Elections		Mařch 200



COPY

North Carollia
State Board of Elections
506 N Harrington Street
Rakigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting

FILED BY:

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

Confidential

Certification of Financial Account Information

	(include city, state, & z	ip) Kunt H	all 1	<u>/ . C ,</u>	21040		
			···-	A ₁			
	Treasurer Phone:	336 92	2 313	3	-		. •
	C 41 - L	nation provided below is trommittee. These account of the country or savings accounts, or a	numbers includ	ie all bank	accounts utilized, ca	regit card	
	The information provide a court of competent ju	led on this form is conside ded would only be used for trisdiction. It will be necess action on required discloss account number is presume	r the purposes of seary to assign are reports. If a	or an audit each accor in account	or investigation of a ant number a "code"	' in order to	
	Type of account	Financial Institution	Address		Account Number	Code	
MAC	Check the	WAChoriA	Winsdon-	Solen	7.5		
•••							٠.
	By signing this statem provided.	ent, I authorize agents of t	he State Board	of Electio	ns to inspect all acc	ounts	
	0/13/53 Date Signed			teet	Signature of Treasurer	REUE 26	FORSYTH
	CRO-3500	Certification of F	inancial Accou	int Informa	ition	March 2003	



North Carolina State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting COPY

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

Certification of Threshold

FILED BY: Committee Na Treasurer Nan Treasurer Add (include city, state	me: Keith P Juon For Mayer ne: Kaith Svon hress: 2520 Mizpale Chrd
election cycle un until the end of t expenditures dur	this committee intends to neither receive nor expend more than \$3,000 during the current der the procedures set forth in G.S. 163-278.10A. This certification will remain in effect the election cycle for this committee. If this committee exceeds \$3,000 in contributions or ing this election cycle, I understand that I must immediately notify the appropriate board file required campaign finance reports.
refile the next sche	rawing my Certification to remain under the \$3000 threshold. I will now be required to duled report for all contributions and expenditures that have not been previously reported ng of the current election cycle. I further agree to file all future reports required. **Lath Parameter Signature** Signature**



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:	居主
Freasurer Name:	Keith J. Swand
Treasurer Address:	2520 m = 20Ah CL Rd
(include city, state, & zip)	RUMAL HALL NC
•	27045
-	
Treasurer Phone:	336 922 3133

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.

\$/7/03 Date Signed

Signature of Candidate



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 to Close Committee

FILED BY:	
Committee Name:	Keith Swow for Mayor Tobaccoville
Treasurer Name:	Keith Swow
Treasurer Address:	2520 m:2 pal CL Rd
(include city, state, & zip)	Rural Hall N.C. 27045
Treasurer Phone:	336 9223133

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.

/// 8/03 Pate Signed Keith P. Sw