

Statement of Organization - Candidate Committee

COPY

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name

Curtis Swisher

c. ID Number

d. Date Organized

7-6-05

e. Phone Number

996-4069

2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name

Curtis Lee Swisher

c. Candidate ID Number

02Y249

d. Party Affiliation

Non-Partisan

b. Mailing Address (include City, State, and Zip Code)

 209 DAY BREAK DR.
KERNERSVILLE, NC 27284

e. Office Sought

Mayor

f. Jurisdiction

K-ville

(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)

3. Treasurer Information

a. Full Name

Curtis Lee Swisher

4. Custodian of Books Information

a. Full Name

Curtis Lee Swisher

b. Mailing Address (include City, State, and Zip Code)

 209 DAY BREAK DR.
KERNERSVILLE, NC 27284

b. Mailing Address (include City, State, and Zip Code)

 209 DAY BREAK DR.
KERNERSVILLE, NC 27284

c. Phone Number

996-4069

d. Email Address

Cswisher@triad.rr.com

c. Phone Number

d. Email Address

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name

Bank of North Carolina

b. Mailing Address (include City, State, and Zip Code)

b. Purpose

Checking Acct. for Campaign

c. Phone Number

d. Email Address

c. Code

d. Type

Checking

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.

Curtis Swisher

Printed Name of Signer

Curtis Swisher

Signature of Appointed Treasurer

7-6-05

Date

CRO-2100A

NC State Board of Elections

May 2003

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 FORSYTH COUNTY
BOARD OF ELECTIONS



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: Curtis L. Swisher
Treasurer Name: Curtis L. Swisher
Treasurer Address: 209 Day Break Dr.
(include city, state, & zip) Kearneysville, NC 27284

Treasurer Phone: 336-996-4069

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.

7-6-05
Date Signed

Curtis Swisher
Signature of Candidate



North Carolina
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506 N Harrington Street
Raleigh, NC 27603

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Deputy Director - Campaign Reporting

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

Certification of Threshold

FILED BY:

Committee Name: Curtis Lee Swisher
Treasurer Name: Curtis L Swisher
Treasurer Address: 209 Day Break Dr.
(include city, state, & zip) Kernersville, NC 27284

Treasurer Phone: 336-996-4069

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.
THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ 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.

7-6-05

Date Signed

Curtis Swisher

Signature



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Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: Curtis L. Swisher
Treasurer Name: Curtis L. Swisher
Treasurer Address: 209 Day Break Dr.
(include city, state, & zip) Kernersville, NC 27284
Treasurer Phone: 336-996-4069

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	Bank of North Carolina	211 Broad St. Kernersville, NC	[REDACTED]	

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

7-6-05

Date Signed

Curtis Swisher

Signature of 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