Amendment Statement of Organization - Candidate Complete ☐ No Yes Yes 1. Committee Information c. ID Number a. Full Name 7718450 Keith Patterson SNOW Mailing Address (include City, State and Zip Code) d. Date Organized 2520 m:zpah ch. Rd 336 <u>922 3 133</u> Candidate's Primary Committee 2. Candidate Information d. Party Affiliation c. Candidate ID Number . Full Name NON-PARTISMN Ke: The Patter Sow SNOW. Mailing Address (include City, State, and Zip Code) 7718450 2520 MILDAA CH. Rd Tobaccaville m Ayor RUTAL HALL , N.C. (If office sought is nonpartisan, write "Nonpartisan" in [d] **グアロザ**5 Party Affiliation.) 4. Custodian of Books Information 3. Treasurer Information . Full Name . Full Name SelF b. Mailing Address (include City, State, and Zip Code)). Mailing Address (include City, State, and Zip Code) . Phone Number d. Email Address d. Email Address . Phone Number (incl. CRO-3500) Add 6. Account Information Add 5. Assistant Treasurer Information Remove a. Financial Institution Full Name . Full Name Remove NONE b. Mailing Address (include City, State, and Zip Code) b. Purpose . Code d. Type . Phone Number d. Email Address 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. Signature of Appointed Treasurer May 2003 NC State Board of Elections CRO-2100A



Kimberly Westbrook Deputy Director – Campaign Reporting

FILED BY:

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

Certification of Treasurer

Candidate Name:	Reith Y. SNOW
Treasurer Name:	Same
Treasurer Address:	2520 m: zpah Ch. Rd
(include city, state, & zip)	RUTAL HALL N.C.
	ス7045
Treasurer Phone:	326-9223133
the duties and responsibilities sanctions in <i>Subchapter VI</i> General Statutes.	ormation is correct, and I, as candidate, appoint said treasurer to personally fulfill ties imposed upon the appointed treasurer and subject to the penalties and II. Regulation of Election Campaigns of Chapter 163 of the North Carolina
understand that if the abo he existing Statement of C	ve Treasurer changes, it will be necessary to certify a new treasurer and amend rganization within 10 days of the vacancy.
	V-LI DE



Kimberly Westbrook Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Threshold

FILED BY:	
Committee Name:	Keith P. Swow
Treasurer Name:	Same
Treasurer Address:	2520 m: 2PAh Cl. Rd
(include city, state, & zip)	RUPAL HALL N.C.
	27045
•	
Treasurer Phone:	336 - 922 3133
election cycle under the produntil the end of the election expenditures during this elections and file required THIS DECLARATION CAI I am withdrawing my Cile the next scheduled report	nittee intends to neither receive nor expend more than \$3,000 during the current reduces set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or cition cycle, I understand that I must immediately notify the appropriate board campaign finance reports. NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain under the \$3000 threshold. I will now be required to a for all contributions and expenditures that have not been previously reported trent election cycle. I further agree to file all future reports required.
7/26/05	Keith Poro
7/26/05 Date Signed	Keith P Sugnature



State Board of Elections 506 N Harrington Street

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

Confidential

Certification of Financial Account Information

FILED BY:		
Committee Name:	Keith SNOW for Mayor	
Treasurer Name:	SAme	
Treasurer Address:	2520 M.Zpal Ch. Rd. RUNAL HALL, N.C.	
(include city, state, & zip)	RUPAL HALL, N.C.	
	27045	
Treasurer Phone:	336-922-3133	

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	Purpose	Financial Institution	Address	Acc	Account Number		Code
Charles de	Personal	WACROW: ABANK	winster-SAL North CARD	lina !			
7						<u> </u>	
By :	signing this statement vided.	, I authorize agents of the State	e Board of Elections	to inspect all acc	counts 🗂	MUG 12	ORSYTH
_8	^-/0-05 Date Signed	· —	Keith	ignature of Treasurer		AM 9: 09	