

COPY

North Carolina State Board of Elections 506 N Harrington Street Ralcigh, 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:	Ross K. Smith	,
Treasurer Name:	Ross K.Smith	
Treasurer Address:	175 Idlewild Dr.	
(include city, state, & zip)	Winston-Galen, NC	
	27106	
Treasurer Phone:	336-721-2567	

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.

Date Signed

Signature of

KEDENED

CRO-3100

2006 MAR 10 PM 12:52 Certification of Treasurer υbi FORSYTH COUNTY

March 2003

Statement of Organization - Candidate Committee

Amendmen	et
V Yes	

1. Committee Information				
a. Full Name	<u> </u>			
Rose VC MC	<u> </u>			c. ID Number
b. Mailing Address (include City, State and Zip Code)	- Sche	201 Bard	/	
175 Idlewild Dr.				d. Date Organized
is ratewild or.				2-28-06
Winston-Salem, NC a	27106	5		e. Phone Number
2. Candidate Information				3367212567
a. Full Name		Candidate	s Primary Commi	ttee
<u>A</u>		c. Candidate ID N	lumber	d. Party Affiliation
Ross Kennedy Smith		JEY1	50	10
b. Mailing Address (include City, State, and Zip Code)	·	$\frac{1}{2}$	20	Democratic
175 Idlewild Dr.		e. Office Sought		f. Jurisdiction
Winston-Selem, NC 27106		Winston-	Sclend Forst	Gunty
Verision - selem, NC Ellob		Boa	d of Electric)	his trict 2 write "Nonpartisan" in [d]
		(If office sough	t is nonpartisan	1) S MCT 2
3. Treasurer Information			Party Affilia	ution)
a. Full Name		4. Custodian of	Books Informat	on
		a. Full Name		
Ross Kennedy Smith				
b. Mailing Address (include City, State, and Zip Code)				
175 Idlewill Dr.		b. Mailing Address (include City, State,	and Zip Code)
Winston-Salem, NC Z7106		l i		
c. Phone Number d. Email Address		c. Phone Number	d. Email Address	
3367212567 ross 4 schoolse	ginai 7.		de Lanar Autoress	· · · · · · · · · · · · · · · · · · ·
5. Assistant Treasurer Information H LA		6. Account Inform		
		. Financial Institution		0-3500) 🔀 Add
				Remove
b. Mailing Address Graduate City		Wachovig	Bent & True	L. NA
b. Mailing Address (include City, State, and Zip Code)	b	. Purpose) · · · · · ·
		0	Ν.	
		Campaign-	Fund manage	mont
c. Phone Number d. Email Address				
			d. Type	
	6	2KS1	Buriness Ch	
CERTIFICATION			Junners ()	earing
I certify that the Committee is in committee				
I certify that the Committee is in compliance with all with funds for a federal or out-of-state PAC. I furthe	provisions	s of Article 22A, in	cluding that no fi	inds are commingled
with funds for a federal or out-of-state PAC. I furthe	r say that t	his report is compl	ete, true and corr	ect.
Ross K. Smith	14	An	-	a l
Printed Name of Signer	<u>IVL</u> C Signatur	e of Appointed Treasur	<u> </u>	-7-06
RO-2100A			4	Date
NC St	ate Board of	Elections		16
				May 2003



North Catolina 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

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

	Partonna
ie:	- Ross K. Smith for School Bound
:	- Koss Ki Smith
ss:	175 Idlewild Dr.
& zip)	Winston-Salen, NC 27106
	336 7212567

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.

	Financial Institution	Address	Account Number	Code
Business Checking	Wachovia	Waston-Silpon, NC		RXS4
L				

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

3-9-06

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

CRO-3500

Certification of Financial Account Information

October 2003