

North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:		
Candidate Name:	Curtis Swisher	
Treasurer Name:	Curtis Swisher	
Treasurer Address:	111 HAVENSTRAAT ST	
(include city, state, & zip)	Keeneesville NC 27284.	
		200
		<u></u>
Treasurer Phone:	399-1039 C) <u> </u>
		<u> </u>
the duties and responsibilities	mation is correct, and I, as candidate, appoint said treasurer to personally imposed upon the appointed treasurer and subject to the penalties and I. Regulation of Election Campaigns of Chapter 163 of the North Carolin	· · · · · · · · · · · · · · · · · · ·
the existing Statement of Or	e Treasurer changes, it will be necessary to certify a new treasurer and a ganization within 10 days of the vacancy. I further understand that the alive training by the State Board of Elections within three months of this rticle 163.278.9(k).	
7-15-07	Centir Suriber	
Date Signed	Signature of Candidate	.,

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee

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Amendment	t
Yes	☐ No
INC. Confidence Co.	-francisco de la contraction de

This form must be accompanied by forms CRO-3100 and CRO-3500

	omation : Experience					4. 2 0.00
a. Full Name	The state of the s			*	c. ID Number	
Cui	zhs Swisher	- fin n	layer			
b. Mailing Address (in	clude City, State and Zip Code)			d. Date Organ	ized
B .	Havenstrant St.				7-6-	07
Keen	versuille ne	27284			e. Phone Num	ber
				•		-1039
2. Candidate Infor	mation		LECANDIDATES Pri			
a. Full Name			c. Candidate ID Numb	er	d. Party Affilia	
	s Swisher				Rep	Slican
b. Mailing Address (inc	clude City, State, and Zip Code)	e. Office Sought			f. Jurisdiction
, , , , , , , , , , , , , , , , , , , ,	avenstrant St					·
Kerner	suille NC 272	84	MAyor	1	,	
1,			(If office sought is	nonpartisan, Party Affili		artisan" in [d]
S. Uncersween Inforc			4 Custodian of Bo			
a. Full Name		Arres.	a. Full Name	** %	1 - 1 €9A 11 - 1	
Curtis	Suisher		Curtis Swisher			
b. Mailing Address (inc	lude City, State, and Zip Code). Na 186	b. Mailing Address (include City, State, and Zip Code)			
111 Hovenstraat St. Kernersville, NC 27284		SAN	18 AS	₹L.		
	d. Email Address			d. Email Addr		
	Cswishere to	^	3 9 9 - 1039	<u> </u>		l na en
	rer Information		6. Account links in			
a Full Name		. Internación	a. Financial Institution	Full Name		Remove
)(A		Bank of	North	Caroli	1A
b. Mailing Address (incl	lude City, State, and Zip Code)	,	b. Purpose			
c. Phone Number	d. Email Address		c. Account Code	d. Type		
		\	BNC	Check	inc	
CERTIFICATION	· ·		Name of the second			
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.						
Cuetis Swisher Cuity Surles 7-15-07						
Printed Name of Signer Signature of Appointed Treasurer Date						



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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:	
Committee Name:	Curtis Swisher
Treasurer Name:	Curtis Swisher
Treasurer Address:	
(include city, state, & zip)	III Howenstrant St. Kernersville NC 27284
Toronous Division	
Treasurer Phone:	399-1039
election cycle under the pro until the end of the election expenditures during this ele of elections and file required	nittee intends to neither receive nor expend more than \$3,000 during the current cedures 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 ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
file the next scheduled repor	Certification to remain under the \$3000 threshold. I will now be required to ret for all contributions and expenditures that have not been previously reported rrent election cycle. I further agree to file all future reports required.
7-15-07	Curlo Sunta
Date Signed	Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FILED BY:

Committee Name: Treasurer Name:

Treasurer Address: (include city, state, & zip)

Treasurer Phone:

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

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

the above named Commoney market or savi	mation provided below in interest. These account rangs accounts, or any other ided on this form is consided on this form is considered.	numbers include a er financial accou sidered confidenti	Il bank accounts un nt used for any pur al and is not subject	ilized, credit card ac pose by the Committ et to public disclosur	counts, ee. e. 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 "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.						
Type of account	Financial Institution	Address		Account Number	Account Code	
Checking	Bout of NC	211 Bran	d St. Kerneisville	NC CONTRACTOR	BNC	
8						
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.						
7-15-07			Curlin's	Lunden		
Date Signed	ate Signed 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	orkinoscoma pupos		Signature	of Candidate or Treasurer		
CRO-3500	Certification o	of Financial Acco	unt Information	Jun	e 2007	