Statement of Organ	nization - Candidate	Committee	FORSYTT ECARONICI	Amendment
This form must be accompar	v or update an existing candida		2009 JUL 2 I	<u>⊡ yes</u> <u>№</u> AM 9:20
1. Committee Information a. Full Name		<u>40-3300.</u>	LUUY VOL LI	
1/ -11 5			KEUEI	& DNumber
b. Mailing Address (include City,	w tor MAYON	TubAcco	uille.	BCORAR
				d. Date Organized
2520 mil	the Rd.			7-13-09
RUVAL HALL	N.C.			e. Phone Number
2. Candidate Information	27045			336-9223133
a. Full Name		Candidate's	Primary Commit	lee
Keith PALLO	Second Second		n n	d. Party Affiliation
b. Mailing Address (include City, S	tate, and Zip Code)	BCQ8A e: Office Sought	B	NY
2520 MizpAh	- Ch. Rd			f. Jurisdiction
RUVAL HALL	N.C.	MAY	52	
	27045	(If office sough	t is nonpartisan, 1	write "Nonpartisan" in [d]
3. Treasurer Information	<u></u>		Party Affilia Books Informati	tion)
a. Full Name		a. Full Name		<u>on</u>
SAme				
b. Mailing Address (include City, Sta	ite, and Zip Code)	b. Mailing Address	(include City, State,	and Zip Code)
c. Phone Number d. Email Add	Iress			
		. Phone Number	d. Email Address	
5. Assistant Treasurer Inform	ation Add	Sector Miles and American Street and American		
a. Full Name		. Financial Institution	mation <i>(incl-Cl</i> on Full Name	
SAme				Remove
b. Mailing Address (include City, State	e, and Zip Code) b	Purpose		
			<u> </u>	
c. Phone Number d. Email Addr				
G. Einall Addr	ess c.	Account Code	d. Type	
CERTIFICATION	23 - 34 - 44 - 44 - 44 - 44 - 44 - 44 -			
I certify that the Committee or F	fund is in compliance with all a	nnliachla martai	er e de Alex	
Chapter 163 of the NC General further certify that this report is	Statutes and that no funds are c	ommingled with	ons of Article 22A prohibited or othe	A, 22B & 22D-22M of
	complete, true and correct.	00		- in alsolosed failus, 1
Printed Name of Signar	W_ Keith	1-mo		7-18-09
CPO 21004	Signatu	re of Appointed Treas	urer	Date
CRO-2100A	NC State Board of	Elections		



North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting FORSY IN COMP BGARD OF LIGHT

2009 JUL 21 AM 9:20

RECEIVED

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:

Treasurer Name: Treasurer Address:

(include city, state, & zip)

Keith P. Swow <u>Keith P. Swow</u> <u>2520 mizpach Ch.Rd</u> P) <u>Reval Nacc N.C.</u> <u>27045</u> <u>336-922 3133</u>

Treasurer Phone:

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

<u>Z-18-09</u> Date Signed

Keith F.

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



CRO-3100

Certification of Treasurer



North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FDESY BOA

2009 JUL 21 AM 9:

RECEIVED

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

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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Keith P. Snow for Mayor - TEBAccoulde Keith P. Snow
Keith Ponow
2520 Mirph Ch. Rd RUNAL HALL NC. 27045
336 922 3133

Treasurer Phone:

Cheok One:

Y 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.

7-18-09 Date Signed

Signature

Note: This Certification is to be filed at the Election Board where the committee's camp



CRO-3600

Certification of Threshold



		FOPSY HER MARY HOARD DEL DE HONS
	North Carolina	2009 JUL 21 AM 9: 20
Kimberly Westbrook-Strach	State Board of Elections 506 N Harrington Street Raleigh NC 27602	RECEIVED
Deputy Director – Campaign Reporting		Mailing Address
		PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173
	Confidential	Fax: (919) 715-8047
Certification o	f Financial Account Inc	
This Certification is used to report a	onfidential	ormation
This Certification is used to report c established by the committee a FILED BY:	onfidential bank account information and must accompany the Statement	on for all financial accounts of Organization Form
Committee Name: Ko 30	0.70	
Treasurer Name: Kait	6 PT- Inor Ja	Muperer - Tobaccosille
Treasurer Address: 25	20 in anon	
(include city, state, & zip) RUVA		hRt
Treasurer Phone: 336.93	a differ NUC	
		27045
I certify that the information provided below the above named Committee. These account money market or savings accounts, or any oth The information provided on this for	numbers include all bank accounts	g all account information for
The information	or maneral account used for any nu	accounts,
court of competent i would only be used for	the purposes of	et to public disclosure m
V PICYICE account in Fam.	would fill assign each -	er a "account code" in order
The frequence oball	presumed to have been waived	account
Type of account Financial Institution	not commingle those funds with at	ount or bank accounts used
Financial Institution	Address	A count N
	1	Code
By signing this statement, I authorize agents of provided.	the Store D	
	the State Board of Elections to insp	pect all accounts
Date Signed		
In lieu of providing account information, I certificence the filing fee. (Only candidates may control $2 = 1$	Signature of o	Candidate or Treasurer
except for the filing fee. (Only candidates may c 7 - 18 : c	choose this option.)	or spend any money
7-18-09 Date Signed	Keith F	
	Signature of C	andidate or Treasurer
CRO-3500 Certification of Fin	nancial Account Information	
	Account Information	



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

Additional account numbers:

Type of Account	Financial Institution	Address	Account Number	Account Code
vone				Code
	-			
			++-	

-18-09 Date Signed

Keith Signature of Candidate or Treasurer



Certification of Financial Account Information



1