

# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

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

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
KATHRYN L. (KATHY) BANNERMAN FOR REGISTER OF DEEDS			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 647 BURGAW, NC 28425		8/5/08	
		e. Phone Number	
		910-259-8990	
<b>2. Candidate Information</b>			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
KATHRYN LEE BANNERMAN			DEM
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
PO BOX 647 BURGAW, NC 28425		PENDER COUNTY REGISTER OF DEEDS	PENDER
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
JOYCE M. SWICEGOOD		JOYCE M. SWICEGOOD	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO BOX 252 BURGAW, NC 28425		PO BOX 252 BURGAW, NC 28425	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-259-5208		910-259-5208	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
N/A		BANK OF AMERICA	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		KLB	CHECKING
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
JOYCE M. SWICEGOOD		Joyce M Swicegood	8/12/08
Printed Name of Signer		Signature of Appointed Treasurer	Date

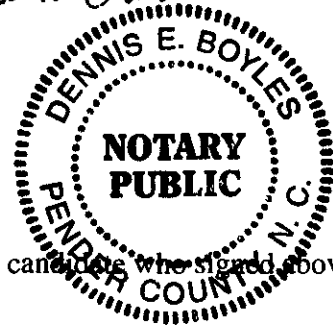
**Affidavit Attesting to Nickname**  
(NCGS § 163-106(a))

I, KATHRYN LEE BANNERMAN (Legal name) have been duly sworn, hereby state under oath that I have been commonly known by the nickname, KATHY, for at least five years and request that my name be placed on the ballot as follows: KATHRYN L. (KATHY) BANNERMAN (Name to appear on ballot)

In the event that another candidate with the same last name as mine files notice of candidacy for the same office for which I am a candidate, my name should be listed on the ballot as follows:

Kathryn Lee Bannerman Kathy Bannerman  
(Legal name and nickname)

Kathryn Lee Bannerman  
(Signature - legal name)



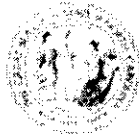
I hereby certify that KATHRYN L. BANNERMAN, the candidate who signed above, personally signed in my presence.

Sworn to and subscribed before me this 12 day of August, 2008.

notary  
Title of Certifying Officer

[Signature]  
Signature of Certifying Officer

My commission expires: 3/31/2010



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: KATHRYN L BAUVEGMAN  
 Treasurer Name: JOYCE M SWICEWOOD  
 Treasurer Address: PO BOX 252  
 (include city, state, & zip) BURTON, NC 28425  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910-259-5208

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).

8/12/08  
 Date Signed

Kathryn L Bauvegan  
 Signature of Candidate

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

AUG 12 2008



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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: KATHRYN L. (KATHY) BANNERMAN FOR REGISTER 95-00015

Treasurer Name: JOYCE M. SWICEFOOD

Treasurer Address: PO BOX 252

(include city, state, & zip) BURGOAN, NC 28425

Treasurer Phone: 910-259-5208

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.

*HLB*  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.

8/12/08  
Date Signed

Kathy S (Kathy) Bannerman  
Signature

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**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

**FILED BY:**

Committee Name: KATHRYN L. (KATHY) BANNERMAN FOR REGISTER OF DEEDS  
 Treasurer Name: JOYCE M. SWICEFOOD  
 Treasurer Address: P.O. BOX 252  
 (include city, state, & zip) BURGAN, NC 28425  
 Treasurer Phone: 910-259-5208

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 "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	BANK OF AMERICA	BURGAN, NC		KL3

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

8/12/08  
Date Signed

Kathryn J. (Kathy) Bannerman  
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.)

8/12/08  
Date Signed

Kathryn J. (Kathy) Bannerman  
Signature of Candidate or Treasurer



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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: Kathryn L. (Kathy) Bannerman for  
Register of DEEDS

Treasurer Name: Joyce M. Swicegood

Treasurer Address: P O Box 252

(include city, state, & zip) Burgaw, NC 28425

Treasurer Phone: 910-259-5208

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.



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 Register of DEEDS

Treasurer Name: Joyce M. Swicegood

Treasurer Address: P O Box 252

(include city, state, & zip) Burgaw, NC 28425

Treasurer Phone: 910-259-5208

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9/8/08

Date Signed

*Kathryn J. (Kathy) Green*  
Signature

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