

Statement of Organization - Candidate Committee

Amendment
 Yes No

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 (when amending, only re-submit if applicable).

I. Committee Information

a. Full Name		c. ID Number
Committee to elect Kevin Spiva for County Commissioner		
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
Post Office Box 144 Maiden, NC 28650		12/30/2011
		e. Phone Number
		828-358-5676

2. Candidate Information

Candidate's Primary Committee

a. Full Name		e. Candidate ID Number	f. Party Affiliation
Kevin Dean Spiva			Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
Post Office Box 144 Maiden, NC 28650		Catawba County Board of Commissioners	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-358-5676	spiva312@charter.net	2012	Catawba County, NC

Email copy of notices

3. Treasurer Information

a. Full Name	
Kevin Dean Spiva	
b. Mailing Address (include City, State, and Zip Code)	
Post Office Box 144 Maiden, NC 28650	
c. Phone Number	d. Email Address
828-358-5676	spiva312@charter.net

4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

I prefer to receive notices by email Yes No

Email copy of notices

5. Assistant Treasurer Information

a. Full Name		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
N/A			
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address		

6. Account Information (incl. CRO-3500)

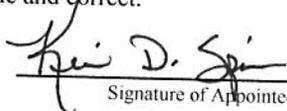
a. Financial Institution Full Name		<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
Peoples Bank			
b. Purpose			
Campaign Account			
c. Account Code	d. Type		
KDS	Checking		

Email copy of notices

CERTIFICATION

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.

Kevin D. Spiva
 Printed Name of Signer


 Signature of Appointed Treasurer

12/31/2011
 Date



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

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: _____
 Treasurer Name: _____
 Treasurer Address: _____
 (include city, state, & zip) _____
 Treasurer Phone: _____

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 an "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.

The treasurer shall maintain all monies of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other monies.

Type of account	Financial Institution	Address	Account Number	Account Code

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

Date 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

Signature of Candidate or Treasurer



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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: Kevin Spiva
Treasurer Name: Kevin Spiva
Treasurer Address: 312 Chickasaw Trail
(include city, state, & zip) Maiden, NC 28650

Treasurer Phone: 828-358-5676

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).

12/31/2011

Date Signed

Kevin D. Spiva

Signature of Candidate

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



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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Kevin Spiva
 Committee Name: Committee to elect Kevin Spiva for County Commissioner
 Treasurer Name: Kevin Spiva
 If Candidate is own treasurer, designate an agent to carry out designations: Amy Spiva
 Committee ID #: _____
 Level Registered: [State] [County] If county, specify: Catawba, NC

I, Kevin Spiva, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
 funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>East Maiden Baptist Church</u>	<u>100 %</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Kevin D. Spiva
 Date: 12-31-11

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