

# COPY

## 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).

|   |                     |                                  |  |   |  |
|---|---------------------|----------------------------------|--|---|--|
| <b>1. Committee Information</b>   |                     |                                  |  |   |  |
| a. Full Name  |                     |                                  |  | c. ID Number  |  |
| ELECT CLYTON J. KILBY JR, SHERIFF   |                     |                                  |  |   |  |
| b. Mailing Address (include City, State and Zip Code)   |                     |                                  |  | d. Date Organized                                   |  |
| 1280 OLD BELT WAY<br>RURAL HALL, NC 27045   |                     |                                  |  | 6-9-2011  |  |
|   |                     |                                  |  | e. Phone Number                                     |  |
|   |                     |                                  |  | (306) 969-1020                                      |  |
| <b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee  |                     |                                  |  |   |  |
| a. Full Name  |                     |                                  | e. Candidate ID Number                                 | f. Party Affiliation                                |  |
| CLYTON JULIUS KILBY JR  |                     |                                  |  | REPUBLICAN<br>(Indicate Non-partisan if applicable) |  |
| b. Mailing Address (include City, State, and Zip Code)  |                     |                                  | g. Office Sought                                       |   |  |
| 3183 MOUNTAIN BROOK TRAIL<br>WINSTON-SALEM, NC 27105  |                     |                                  | SHERIFF  |   |  |
| c. Phone Number   | d. Email Address    |                                  | h. Next Election Year                                  | i. Jurisdiction                                     |  |
| (306) 661-0231  | CSKILBYJR@AOL.COM   |                                  | 2014   | FORSYTH COUNTY                                      |  |
| <input checked="" type="checkbox"/> Email copy of notices   |                     |                                  |  |   |  |
| <b>3. Treasurer Information</b>   |                     |                                  | <b>4. Custodian of Books Information</b>               |   |  |
| a. Full Name  |                     |                                  | a. Full Name   |   |  |
| Teresa Lynn Sword   |                     |                                  |  |   |  |
| b. Mailing Address (include City, State, and Zip Code)  |                     |                                  | b. Mailing Address (include City, State, and Zip Code) |   |  |
| 3185 Mountain Brook Trail<br>Winston Salem, NC 27105  |                     |                                  |  |   |  |
| c. Phone Number   | d. Email Address    |                                  | c. Phone Number  | d. Email Address                                    |  |
| 208<br>755-1162   | +1sword1973@msn.com |                                  |  |   |  |
| I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices   |                     |                                  |  |   |  |
| <b>5. Assistant Treasurer Information</b>   |                     |                                  | <b>6. Account Information</b> (incl. CRO-3500)         |   |  |
| a. Full Name  |                     |                                  | a. Financial Institution Full Name                     | b. Purpose  |  |
|   |                     |                                  | ALLEGACY FEDERAL CREDIT                                | CAMPAIGN ACCOUNT                                    |  |
| b. Mailing Address (include City, State, and Zip Code)  |                     |                                  | c. Account Code  | d. Type   |  |
|   |                     |                                  | 1  | CHECKING  |  |
| <input type="checkbox"/> Email copy of notices  |                     |                                  |  |   |  |
| <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. |                     |                                  |  |   |  |
| Teresa L. Sword   |                     | Teresa L. Sword                  |  | 3/6/13  |  |
| Printed Name of Signer  |                     | Signature of Appointed Treasurer |  | Date  |  |



**COPY**

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: OLYTON J. KILBY JR

Treasurer Name: Teresa Lynn Sword

Treasurer Address: 3185 Mountain Brook Trail  
(include city, state, & zip) Winston Salem, NC 27105

Treasurer Phone: 208-755-1162

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).

3-6-13  
Date Signed

[Signature]  
Signature of Candidate

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