

Statement of Organization - Candidate Committee

Amendment
 Yes No

1. Committee Information		c. ID Number
a. Full Name No Committee Scott Harwell		
b. Mailing Address (include City, State and Zip Code) 2760 Old Town Club Rd Winston-Salem, NC 27106		d. Date Organized 10/1/04
		e. Phone Number 919 6330567

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Scott Harwell	c. Candidate ID Number	d. Party Affiliation Dem	
b. Mailing Address (include City, State, and Zip Code) 2760 Old Town Club Rd Winston-Salem, NC 27106	e. Office Sought Soil and Water Conservation District Supervisor <small>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</small>	f. Jurisdiction	

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name None		a. Full Name None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address

5. Assistant Treasurer Information		<input type="checkbox"/> Add		6. Account Information <small>(incl. CRO-3500)</small>		<input type="checkbox"/> Add	
a. Full Name None		<input type="checkbox"/> Remove		a. Financial Institution Full Name None		<input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose		c. Code		d. Type	

CERTIFICATION

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.

Scott Harwell
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

10/25/04
 Date

RECEIVED
 OCT 27 PM 4:11
 PROPERTY CLERK
 BOARD OF ELECTIONS



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

Kimberly Westbrook
 Deputy Director – Campaign Reporting

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

Certification of Treasurer

FILED BY:

Candidate Name: Scott Harwell
 Treasurer Name: None
 Treasurer Address: candidate Address
 (include city, state, & zip) 2760 Old Town Club Rd
Winston-Salem, NC 27106
 Treasurer Phone: 919 633 0567

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.

10/25/04
 Date Signed

[Signature]
 Signature of Candidate



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Confidential

Certification of Financial Account Information

FILED BY: Scott Harwell

Committee Name: None

Treasurer Name: None

Treasurer Address: Candidate Address:

(include city, state, & zip) 2760 Old Town Club Rd

Winston-Salem, NC 27106

Treasurer Phone: 919 633 0567

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 "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
<u>None</u>				

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

10/25/04
 Date Signed

[Signature]
 Signature of Treasurer



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State Board of Elections

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Certification of Threshold

FILED BY: Scott Harwell

Committee Name: None

Treasurer Name: None

Treasurer Address: Candidate Address:

(include city, state, & zip) 2760 Old Town Club Rd

Winston-Salem, NC 27106

Treasurer Phone: _____

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.

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.

10/25/04
Date Signed

[Signature]
Signature