

# 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

☐

Yes

☒

No

a. Full Name	c. ID Number
Joyce M. Swicegood Reg. Deeds Committee	
b. Mailing Address (include City, State, and Zip Code)	d. Date Organized
PO Box 252	2-19-08
BURGAU NC 28425	e. Phone Number
	910-259-5208

a. Full Name	c. Candidate ID Number	d. Party Affiliation
Joyce M. Swicegood		Democrate
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
PO Box 252	Pender County NC	
BURGAU NC 28425	Register of Deeds	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

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	PO Box 252
BURGAU NC 28425	BURGAU NC 28425
c. Phone Number	d. Email Address
910-259-5208	
c. Phone Number	d. Email Address
910-259-5208	

a. Full Name	a. Financial Institution Full Name
N/A	BANK OF AMERICA NA
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
	Campaign Expenses/Funds
c. Phone Number	d. Email Address
c. Account Code	d. Type
95	Checking

## 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.

Joyce M. Swicegood  
Printed Name of Signer

Joyce M Swicegood  
Signature of Appointed Treasurer

2-26-08  
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

**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: Joyce M. Swicegood  
Treasurer Name: Joyce M Swicegood  
Treasurer Address: PO Box 252  
(include city, state, & zip) BURGAW 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).

2/26/08  
Date Signed

Joyce M Swicegood  
Signature of Candidate

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

# Disclosure Report Cover

Amendment

☐ Yes☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

<b>1. Committee Information</b>			
<b>a. Full Name</b>		<b>c. ID Number</b>	
Joyce M Swicegood For Register of Deeds		3HL947	
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Filed</b>	
P.O. Box 252 Burgaw NC 28425		2/29/08	
		<b>e. Phone Number</b>	
		910-259-5208	
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>
2008	2-19-2008	2-29-08	Joyce M Swicegood
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>7. Type of Fund (If applicable, check one)</b>		<b>State/County</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input checked="" type="checkbox"/> Other: Political Finance Fund for Reg. of Deeds		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>	
- 0 -			
<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
Bank of America			
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
Campaign	JS		
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$ - 0 -		\$
<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 if 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 and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f).			
Joyce M Swicegood		Joyce M Swicegood	
Printed Name of Signer		Signature of Appointed Treasurer	
		2-29-08	
		Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	2/29/08	Employee:	AB
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
<b>REC'D FEB 29 2008</b>			
<b>Delivery Method</b>			
<input type="checkbox"/> Normal Mail			
<input type="checkbox"/> Registered Mail			
<input checked="" type="checkbox"/> Hand Delivered			
<input type="checkbox"/> Electronically Filed			
<input type="checkbox"/> Signer has not received mandatory training			
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

# Detailed Summary

Amendment

☐

Yes

☐

No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Joyce M Swicegood for Reg. of Deeds		-
Start of Election Cycle: January 1, 2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$	\$
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds - Funds Advanced by Candidate for Filing Receipts (CRO-1410)	\$ 531.00	\$ 531.00
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ 531.00	\$ 531.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures - Filing Fee (CRO-1310)	\$ 431.00	\$ 100.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 431.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 100.00	\$ 100.00
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2200)	\$	\$
27) Contributions to be refunded (CRO-1215)	\$	\$

# Loan Proceeds

Pg 2 of 2 Amendment ☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information  
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Joyce M Swicegood for Registry Needs			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Joyce M Swicegood PO Box 252 Burgaw NC 28425			
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			2-19-08
			f. End Date (mm/dd/yyyy)
			2-29-08
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
%		JS	Bk transfer from Candidate Savings to this checking
			k. Amount
			\$ 100.00
l. Full Name of Lending Institution			m. Loan Number
Bank of America - As Loan By Candidate NA			
4. Endorsers/Makers (The people who guarantee the loan)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages			\$
(This line must be on line 9 of Detailed Summary Page CRO-1400)			

# Loan Proceeds

Pg 1 of 2 Amendment ☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information  
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number		
Joyce M Swicegood for Registered Deeds				
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
Joyce M Swicegood PO Box 252 BURGAW NC 28425		Candidate-Reg. Deeds		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		Pender County GOVERNMENT		2-19-08
				f. End Date (mm/dd/yyyy)
				2-29-08
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		85	PERSONAL CK	\$ 431.00
l. Full Name of Lending Institution				m. Loan Number
Bank of America AS A LOAN BY candidate				N/A
4. Endorsers/Makers (The people who guarantee the loan)				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
		%		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
		%		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
		%		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
		%		\$
5. Total of ALL CRO-1410 Pages				\$
(This line must be on line 9 of Detailed Summary Page CRO-1100)				

# Disbursements

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Joyce M. Swicegood for Register of Deeds						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Pender County Bd of Elections So. Walker St, Burgaw NC 28425			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
95	Personal Check - loan	"0" filing fee	2-19-08	\$ 431.00	Filing Fee -	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 431.00	
6. Total of ALL CRO-1310 Pages					\$ 431.00	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		O* - Other
* Codes require detailed explanation in required remarks field (k)						



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: Joyce Swicegood Re-Election Committee  
Treasurer Name: Joyce M Swicegood  
Treasurer Address: PO Box 252  
(include city, state, & zip) BURGAU 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	BURGAU NC 28425		JS

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

2-26-08  
Date Signed

Joyce M Swicegood  
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