

Statement of Organization - Candidate Committee

Is this statement:
 New Amended

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee	d. ID Number		
COMMITTEE TO ELECT SPIVEY MAYOR			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
509 MEMORIAL CHURCH ROAD FREMONT, NC 27830 7/19/2023			
c. Committee Website (Optional)	f. Phone Number		
NONE			

2. Candidate Information

a. Full Name	e. Party Affiliation		
KEITH LAMONT SPIVEY	NON-PARTISAN		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
509 MEMORIAL CHURCH ROAD	MAYOR		
FREMONT, NC 27830			
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
	KSPIVEY7@NC.RR.COM	2023	FREMONT
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information		
KEITH LAMONT SPIVEY	a. Full Name		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
509 MEMORIAL CHURCH ROAD	RECEIVED		
FREMONT, NC 27830	WCBOE		
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
	KSPIVEY7@NC.RR.COM		7/1/2023
<input checked="" type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of report notices			

5. Custodian of Books Information (Keeper of Records)

a. Full Name	6. Account Information (incl. CRO-3500)		
KEITH LAMONT SPIVEY	a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)	SOUTHERN BANK		
509 MEMORIAL CHURCH ROAD	PO BOX 729		
FREMONT, NC 27830	MT OLIVE, NC		
c. Phone Number	d. Email Address	b. Account Code	c. Type
	KSPIVEY7@NC.RR.COM	8799	CHECKING
<input checked="" type="checkbox"/> Email copy of report notices			

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

KEITH LAMONT SPIVEY

Printed Name of Treasurer

K Spivey

Signature of Appointed Treasurer

7/31/2023

Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

KEITH LAMONT SPIVEY

Printed Name of Candidate

K Spivey

Signature of Candidate

7/31/2023

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: COMMITTEE TO ELECT SPIVEY MAYOR
Treasurer Name: KEITH LAMONT SPIVEY
Treasurer Address: 509 MEMORIAL CHURCH ROAD
(include city, state, & zip) FREMONT, NC 27830

Treasurer Phone: [REDACTED]

Check One:
 I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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 at or under the \$1,000 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.

7/31/2023

Date Signed

K. L. Spivey

Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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 eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: KEITH LAMONT SPIVEY

Committee Name: COMMITTEE TO ELECT SPIVEY MAYOR

Treasurer Name: KEITH LAMONT SPIVEY

If Candidate is own treasurer, designate an agent to carry out designations: RENA M. SPIVEY

Committee ID #: _____

Level Registered: [State] [County] If county, specify: WAYNE

I, KEITH LAMONT SPIVEY, 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>COMMUNITY SAE KITCHEN OF Goldsboro</u>	<u>50%</u>
2. <u>NC COMM FCU COMMUNITY FOUNDATION</u>	<u>50%</u>
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: K. Spivey

Date: 7/31/2023