

# Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
VOTING FOR KEITH.COM			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
105 DURHAM STREET, HOLDEN BEACH NC 28462		4-14-25	
c. Committee Website (Optional)		f. Phone Number	
www.votingforkeith.com		270-401-3278	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
DONALD KEITH SMITH		N/A	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
SAME		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
SAME	info@votingforkeith.com	2025	Holden Beach
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
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
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)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		SELF	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		BOC25	BRUNSWICK COUNTY BOARD OF ELECTIONS
<input type="checkbox"/> Email copy of report notices			
<p>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.</p>			
DONALD KEITH SMITH		Donald Keith Smith	
Printed Name of Treasurer		Signature of Appointed Treasurer	
		4-15-25	
		Date	
<p>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.</p>			
DONALD KEITH SMITH		Donald Keith Smith	
Printed Name of Candidate		Signature of Candidate	
		4-15-25	
		Date	

RECEIVED  
 APR 15 2025  
 BRUNSWICK COUNTY BOARD OF ELECTIONS