



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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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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: VOTE FOR SWANNANOA
 Treasurer Name: RONALD W. HILLABRAND
 Treasurer Address: 1121 BEETREE RD.
 (include city, state, & zip) SWANNANOA NC 28778
 Treasurer Phone: 828-581-0218

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.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
CHECKING	BBET	1327 TUNNEL RD ASHEVILLE NC 28805		1

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

9-29-09

Date Signed

Ronald W. Hillabrand
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

Statement of Organization - Referendum Committee

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

This form must be accompanied by form CRO-3500.

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Information	
a. Full Name	c. ID Number
VOTE FOR SWANNANOVA	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
P.O. BOX 241 SWANNANOVA NC 28778	
	e. Phone Number

2. Referendum Information		
a. Full Name	b. Date of Referendum	c. Declaration
SWANNANOVA INCORPORATION	NOVEMBER 3, 2009	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name		
RONALD WILLIAM HILLABRAND	N/A		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
1121 BEETREE RD. SWANNANOVA NC 28778			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-591-0218	INCORPORATE NOW @ CHARTER.NET		

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	a. Financial Institution Full Name	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
N/A	N/A		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
c. Phone Number	d. Email Address	c. Account Code	d. Type

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.

RONALD WILLIAM HILLABRAND Ronald W. Hillabrand 9-29-09
 Printed Name of Signer Signature of Appointed Treasurer Date