Statement of Organization - Candidate Committee

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~ .	- State E	i.		Yes		No	

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 (when amending, only to	submit if applicable).
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a. Foll Name	ç. ID Number
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a. Full Name	DIA	11/2	C ID Number
CAMPAIGN TO Elect ED Sm. 7h	Town Council	MAN	QCQTR6
o. Maining Address (include City, State and Zip Code)	在1991年1991年1991年1991年1991年1991年1991年199		d. Date Organized
6135 Spaing Forest Drive			7-11-2013
Percer 140			e. Phone Number
27048	>		336-945-2710
2/(Candidate Information of the first program of th	sakuranik iging reprojekti [Candida	iek Primary Committee #2444
a. Full Name	e. Candidate ID Numbe	er	-Party Afrikation
HAROID EDWIN Smith, JR.	QC QTRO	•	NOW- PARTICAN
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	<u>0</u>	(Indicate Non-partican if applicable)
6135 SPRING FOREST DRIVE	N. Omers	Albert Hekelet in i	B. M. R. M. March S. Berthampers Strong
PFAFFTONN, NC 27040	Councila	n AJ-	hewisville
c . Phone Number: d. Email Address	h. Next Election Year		. Jurisdiction
336-945-2710 HSm:4Kjr@TriAD.RR.CO	***		,
☐ Email copy of notices	2013		LEWISVILLE
5. Lecusio de Information (2000) in the later (2000)	# 45 Cistodian odba	ooks intor	matrops:
a. Full Name	a. Full Name		
HAROID EDWINSMITH JR.	HARMA	ENLIN	Sm. K. JR.
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (inc		
6135 SPR. NG FOREST DRIVE	the state of the s		ONUST DRIVE
PFAFFTOWN, NC 27040			NC 27040
c. Phone Number. d. Email Address	c. Phone Number		
336.945.200 HSmithiRCTRADERZE	224 011.001	115	·11 1-0-642 22 6
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Season of receive notices by email 1985 1985	et of Asseming Interm		
a. Full Name Removement	a. Financial Institution		■ Remo = 3 m
	BANKOF	MOR	th CAROLINA
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	沙纳市 设	
·	Campage	nd He	COUNT
c. Phone Number d. Email Address	c. Account Code	d. Type	Appelling in the second control of the secon
			,
Email copy of notices	HES-1	U	hecking
CERTIFICATION.			
I certify that the Committee or Fund is in compliance with	• • •		
Chapter 163 of the NC General Statutes and that no funds		prohibited	I or other non-disclosed funds.
I further certify that this report is complete, true and corre	n.	1	, ,
HAROID EDWINSmith Je. / The	'Aldin	ih, 4/2	87/16/2013
/	Signature of Appointed Treas	surer	Date

CRO-2100A



North Carolina

State Board of Elections 441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director 2013 JUL 17 PM 1: 00
RECEIVED

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:	HAROLD EDWIN SMIK, JR.	_
Treasurer Name:	HAROIS EDWIN SMITH, JR.	_
Treasurer Address:	6135 SPANG FOREST DRIVE	_
(include city, state, & zip)	HAROIS EDWIN SMITH, JR. 6135 SPAIN GFOREST DRIVE PFAFFTOWN, NC 27048	_
		_
Treasurer Phone:	336-945-2710	_

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).

07/16/2013 Date Signed

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



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director PORSY OF TIONS

2013 JUL 17 PM 12: 59

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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.

FILED BY:	
Committee Name:	CAMPAIGN TO Elect ED SMAK TOWN COONCILMAN HAROLD EDWIN SMITH, JR.
Treasurer Name:	HAROID EDWIN SMITH, JR.
Treasurer Address:	6135 SONING FOREST DRIVE
(include city, state, & zip)	PFAFFTOWN, NC 27040
Treasurer Phone:	336-945-2710
election cycle under the pro until the end of the election expenditures during this ele of elections and file required	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board I campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
to file the next scheduled	Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.

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



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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).				
Candidate Name: HAROID EAWN SMIH, JR				
Committee Name: CAMPAIGN TO Elect ED Smith Town Countilman				
Treasurer Name: HAROLD EDWIN Smith, JR.				
If Candidate is own treasurer, designate an agent to carry out designations: MARGARET J. Sm. H				
Committee ID#: QCQTR6				
Committee ID #: QCQTR6 Level Registered: [State] [County] If county, specify: County				
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 (Select from \$163-278.16B(a)) Plan for Disbursement (eg. Amount or %) Equal Percentage 2				
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: Date: Date:				
Note: This Designation is to be filed with the Florian Roard where the committee's compaign reports are filed				

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