## ${\bf Statement\ of\ Organization\ -\ Candidate\ Committee}$

Is this	statem	ent:
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 ZUZO UEC   PM 3-01					
a. Name of Committee		-04	d. ID Number		
b. Mailing Address (include City, State and Zip Code)			479473190		
			e. Date Organized		
1009 Brookmeade Dr. Winston Salem, NC 27106 Committee Website (Optional)			27106	12 8 2025 f. Phone Number	
lesser for school BOALD. COM				3364025646	
2. Candidate Inform	nation			1-1-50.0	
a. Full Name		e. Party Affiliation			
Tearyle	SSCI	REPUBLICAN			
b. Mailing Address (incl	SSEL ude City, State, and Zip Code)	f. Office Sought			
1009 Brook	IVICUCIE DI	Forsyth County Board of EDU CATION			
WINSTONS	SARM, NC 27106	:	EDU CATION		
le . Phone Number	d. Email Address	g. Next Election Year	h. J	urisdiction	
3364025646	lesserfue school boarde	2626			
Email copy of re	port notices	4 4 4 4 4 77		Committee Commit	
3. Treasurer Inforn  4. Full Name	nation	4. Assistant Treasurer Information			
		a. Full Name			
TRACYL	LSSCL ude City, State, and Zip Code)	NIA			
LOCO C con	and City, State, and Zip Code)	b. Mailing Address (inc	Hude Chy, Stat	te and Zip Code)	
	made Orive	1			
WINSTONS	JEMINC 27106				
	d. Email Address	c. Phone Number	d. Email Addı	ress	
3364025646	lesser forschool board				
Send report no		Email copy of report notices			
	ks Information (Keeper of Records)	6. Account Inform		. CRO-3500)	
a. Full Name		a. Financial Institution	Full Name		
TRACY 129	ude City, State, and Zip Code)	Truist			
1 ACC 12 : sa	OKM CACL OT	l			
WINSTON	SALEM, NC 2710 (a) d. Email Address		,		
		b. Account Code	с. Туре		
336 4023 646   Email copy of re	port notices @9 Mall.com		checkin	nq	
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.  Printed Name of Treasurer  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.  The Act Less F2  Printed Name of Candidate  Printed Name of Candidate  Date					
CPO-21004	Name of Candidate	glouis		Date	



## **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.

Committee Name:	LESSER COMMitteR		
Treasurer Name:	TRACY LESSEIZ		
Treasurer Address:	TRACY LESSEIZ 1009 BrookMEADE Drive		
(include city, state, & zip)	WINSTON SALEM, NC 27106		
Treasurer Phone:	334-402-5046		
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 campaign finance reports.  N 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.

293035 Date Signed

FILED BY:

Signature



## **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).

how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).						
		where the committee's campaign reports are filed.				
	TRACULESSER					
Committee Name:	LESSER Committee					
	TRACY Lesser					
If Candidate is own treasure	r, designate an agent to	o carry out designations: DAVIO Lesser				
	DOG STORE					
Level Registered: [State	[County] If county, s	specify: Forsyth				
funds remaining in my Cam	paign Committee acco	at in the event of my death or incapacity all punt(s) (after payment of permitted outstanding a Committee or closing office) be paid in the 163-278.16B(a).				
Name of Enti (Select from §163-278.	<u>ty</u> .I6B(a))	Plan for Disbursement (eg. Amount or %)				
1. Second Harvest FOOD BANK		10010				
2						
3						
By signing this form, I certify Gen. Statute 163-278.16B(a) records.	y that the foregoing en . A copy of this form s	tities are eligible beneficiaries under N.C. should be maintained with the Committee				
Signature of Candidate:	Jackes	ll				
Date:	12/9/2035					
CRO-3900	Candidate Designation of Committee Funds					