

COPY

Statement of Organization - Candidate Committee

Amendment
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 re-submit if applicable).

Committee Information
Candidate Information
Treasurer Information
Assistant Treasurer Information
CERIFICATION
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.
HAROLD EDWIN SMITH, JR. Harold Edwin Smith, Jr. 07/16/2013



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

COPY
 CONSYTH COUNTY
 BOARD OF ELECTIONS

2013 JUL 17 PM 1:00

RECEIVED

Kim Westbrook Strach
 Executive Director

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 SMITH, JR.

Treasurer Name: HAROLD EDWIN SMITH, JR.

Treasurer Address: 6135 SPRING FOREST DRIVE
 (include city, state, & zip) PEAFFTOWN, NC 27040

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

[Handwritten Signature]
 Signature of Candidate

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

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FORSYTH COUNTY
BOARD OF ELECTIONS

2013 JUL 17 PM 12:59

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Executive Director

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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 Smith Town Councilman
 Treasurer Name: HAROLD EDWIN SMITH, JR.
 Treasurer Address: 6135 Spring Forest Drive
 (include city, state, & zip) PEAFF TOWN, NC 27040

Treasurer Phone: 336 945-2710

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.

07/16/2013
Date Signed

Harold Edwin Smith, Jr.
Signature

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: HAROLD EDWIN SMITH, JR.
 Committee Name: CAMPAIGN TO ELECT ED SMITH TOWN COUNCILMAN
 Treasurer Name: HAROLD EDWIN SMITH, JR.
 If Candidate is own treasurer, designate an agent to carry out designations: MARGARET J. SMITH
 Committee ID #: QCQTR6
 Level Registered: [State] [County] If county, specify: COUNTY

I, HAROLD EDWIN SMITH, JR. (Name of Candidate) hereby direct that in the event of my death or incapacity all 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 %)
1. <u>RETURN TO CONTRIBUTORS</u>	<u>EQUAL PERCENTAGE</u>
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: Harold Edwin Smith, Jr.
 Date: 07/16/2013

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