Statement of Organization - Candidate Committee

Is this statement:

KCQ247

Use this form to create a new or update an existing candidate committee.	192	- Family	/3.0
This form must be accompanied by form CRO-3500. An amended form is required for	r each new elec	tion ve	-ar
		mon y	m.

CRO-2100A

1. Committee Information a. Name of Committee d. ID Number b. Mailing Address (include City, State and Zip Code) e. Date Organized Winston Salem, NC 27106 1009 Brookmeade Dr. c. Committee Website (Optional) essertor school Boals. com 3364025646 2. Candidate Information . Full Name e. Party Affiliation b. Mailing Address (include City, State, and Zip Code) COUDLICAN f. Office Sought 1009 Brookmeacle Or WINSTONSALM, NC 27106 Phone Number d. Email Address Forsyth County Board of c. Phone Number g. Next Election Year lesserfue school boarde 2026 3364025646 District 2 Email copy of report notices 3. Treasurer Information 4. Assistant Treasurer Information . Full Name a. Full Name b. Mailing Address (include City, State, and Zip Code) NIA b. Mailing Address (include City, State and Zip Code) 1009 Brookmade Orive WINSTONSWEMING 27106 c. Phone Number c. Phone Number d. Email Address 3364025646 less es for school board Send report notices by email Yes. Email copy of report notices 5. Custodian of Books Information (Keeper of Records) 6. Account Information . Full Name a. Financial Institution Full Name D. Mailing Address (include City, State, and Zip Code) No 1009 Brookmeace Dr WINSTON SALEM, NC 2710 (a. Phone Number d. Email Address c. Phone Number b. Account Code 336 4025646 lesserforschool mid 1234 Email copy of report notices @9 Nall. COM checking 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. 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. CSF2 Printed Name of Candidate Signature of Candidate

NC State Board of Elections

November 2019



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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed. Candidate Name: Committee Committee Name: Treasurer Name: If Candidate is own treasurer, designate an agent to carry out designations: Dovi Lesser Committee ID #: Level Registered: [State][County] If county, specify: Forsyth esser, hereby direct that in the event of my death or incapacity all (Name of Candidate) 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 Plan for Disbursement (eg. Amount or %) (Select from §163-278.16B(a)) 1. Second Harvest FOOD BANK 100 10 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: CRO-3900

Candidate Designation of Committee Funds