

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).

1. Committee Information			
a. Full Name		c. ID Number	
Karl Andrew Florian		9CQ5546	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 165, 130 Town Lot Drive, Bethania, NC 27010		7/5/2011	
		e. Phone Number	
		336-924-5489	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Karl Andrew Florian		9CQ5546	Non Partism
		(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
PO Box 165, 130 Town Lot Drive, Bethania, NC 27010		Bethania Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-924-5489	kflorian5@gmail.com	2012	Forsyth
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information			
a. Full Name		a. Full Name	
Karl Andrew Florian		Karl Andrew Florian	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 165, 130 Town Lot Drive, Bethania, NC 27010		PO Box 165, Bethania, NC 27010	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-924-5489	kflorian5@gmail.com	336-924-5489	kflorian5@gmail.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Wachovia	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		5446	Checking
<input type="checkbox"/> Email copy of notices			
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.			
Karl A. Florian		7/6/2011	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



COPY

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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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: Karl Andrew Florian

Treasurer Name: Karl Andrew Florian

Treasurer Address: PO Box 165

(include city, state, & zip) Bethania, NC 27010

Treasurer Phone: 336-924-5489

FORSYTH COUNTY
BOARD OF ELECTIONS
2011 JUL - 6 AM 9:19
RECEIVED

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).

7/6/2011
Date Signed

Karl A. Florian
Signature of Candidate

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



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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$1,000 in the current election cycle.

FILED BY:

Committee Name: Karl A. Florian
Treasurer Name: Karl A. Florian
Treasurer Address: PO Box 165
(include city, state, & zip) Bethania, NC 27010

Treasurer Phone: 336-924-5489

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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 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.

7/6/2011

Date Signed

Karl A. Florian
Signature

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