

Statement of Organization - Candidate Committee

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).

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name	c. ID Number
TED KAPLAN For County Commissioner	6CQ40Q
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
11695 DOUBLE SPRING RD LEWISVILLE, NC. 27023	3/2/14
	e. Phone Number
	336-945-2337

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
TED KAPLAN	6CQ40Q	DEM
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
ABOVE	AT LARGE COUNTY COMMISSIONER	
c. Phone Number	d. Email Address	h. Next Election Year
ABOVE	ted@tedkaplan.com	
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction

3. Treasurer Information

a. Full Name	a. Full Name
DAVID KAPLAN	DAVID KAPLAN
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
SEE ABOVE	ABOVE
c. Phone Number	d. Email Address
ABOVE	ABOVE

I prefer to receive notices by email

☒ Yes ☐ No

☒ Email copy of notices

5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	c. Account Code	d. Type
c. Phone Number	d. Email Address	<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.

DAVID KAPLAN

Printed Name of Signer

David Kaplan

Signature of Appointed Treasurer

3/14/14

Date



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

Kim Westbrook Strach
Executive Director

FORSYTH COUNTY
STATE BOARD OF ELECTIONS
2014 MAR 10 AM 10:03
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:

TED KAPLAN

Treasurer Name:

DAVID KAPLAN

Treasurer Address:

11695 DOUBLE SPRING RD

(include city, state, & zip)

LEWISVILLE, NC. 27023

Treasurer Phone:

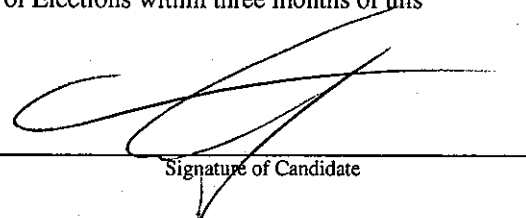
336-945-2331

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).

3/16/14

Date Signed


Signature of Candidate

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