Amendment □ No ☐ Yes

Statement of Organization - Candidate Committee
Use this form to create a new or update an existing candidate committee. RSYTH COUNTY

This form must be a	ecompanied by forms CRO-3100 and CR	O-3500 (when amending, or	nly re-submit if applicable).	
1. Committee Infor				
a. Full Name		2018 MAR -2 AM I	1: 09 ID Number	
Nussbau	m Candidacy		d. Date Organized	
b. Mailing Address (inc	lude City, State and Zip Code)	, COLIVE	d. Date Organized	
324 Natalie Dr			3/1/18	
Winston-	Salen, NC 27104		e. Phone Number	
V G . 2/4 (<i>J</i>		336-782-7837	
2. Candidate Infor	mation	☐ Candio	late's Primary Committee	
a. Full Name		e. Candidate ID Number	f. Party Affiliation	
Rebecco	Nussbaum	1CQ u y y	Semocrat (Indicate Non-partisan if applicable)	
b. Mailing Address (inc	lude City, State, and Zip Code)	g. Office Sought	•	
324 Nata	alie DR, Winston-Salen, Ne	School Board		
c . Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction	
336-782-7837	rebnussbaum@att.net	2018	Forsyth County	
Email copy of no				
3. Treasurer Inform	mation	4. Custodian of Books Information		
a. Full Name		a. Full Name	خادات عادات حصر	
Rebecca 1	Justaur	Rebecce Nussbaun		
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
324 Natalie DR Winston-Salam, N.C. 27102/		324 Natalie DR Wmston-Salem, NC 27104		
c. Phone Number d. Email Address		c. Phone Number d. Email Address		
		336-782-7834 rebnussbaum@att.net		
I prefer to receive		Email copy of notices		
5. Assistant Treasurer Information Add		6. Account Information (incl. CRO-3500) Add		
a. Full Name	Remove	a. Financial Institution Full Nan	ne Remove	
		BBST		
b. Mailing Address (include City, State, and Zip Code)		b. Purpose		
		compargr Check	account	
c. Phone Number	d. Email Address	c. Account Code d. Type		
		Nussa Cl	recking	
☐ Email copy o)	
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.				
Printed Name of Signer Signature of Appointed Treasurer Date				
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North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:		
Candidate Name:	Rebecca NVSS Saum	
Treasurer Name:	Rebeeca Nussbaum	
Treasurer Address:	324 Natalie Dr	
(include city, state, & zip)	Winston-Salen, NC 27104	
Treasurer Phone:	336-782-7837	

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).

3/1/18 Date Signed

Signature of Candidate



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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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

DIE ED DY	
FILED BY:	
Committee Name:	Pussbaum Candidacy
Treasurer Name:	Rebecca Nussbaum
Treasurer Address:	324 Natalie Dr
(include city, state, & zip)	Winston-Salen, NC 27104
Treasurer Phone:	336- 782-7837
election cycle under the pro until the end of the election expenditures during this ele of elections and file required	mittee intends to neither receive nor expend more than \$1,000 during the current occdures 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 ection cycle, I understand that I must immediately notify the appropriate board d campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
to file the next scheduled	Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously to the current election cycle. I further agree to file all future reports required.
3/1/18	Kepicea Mul
Data Signad	Signature



North Carolina

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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).

and the state of t
This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.
Candidate Name: Lebecen Juss Saum
Committee Name: Nussbaum Candidacy
Treasurer Name: Lebecca Vissaum
If Candidate is own treasurer, designate an agent to carry out designations: Lawrence Sillon
Committee ID #: \(\int C Q \ \mu \ \forall \ \forall \)
Level Registered: [State] (County) If county, specify: Forsyth
I, Lebetta Mussaury, 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)) 1. Individual Contributors 2. Donations from organizations (Select from \$163-278.16B(a)) (Select from \$163
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: 3/2/18
CRO-3900 Candidate Designation of Committee Funds July 2014