# Statement of Organization - Candidate Committee

Is this si	tatem	ent:	
▼ New		Amended	

Use this form to create a new or update an existing candidate committee.

This	fon	m must be accompanied by	form CRO-3500.	An amended form is required for each new election year
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a. Name of Committee				
20 - 100 - 1	. Name of Committee d. ID Number			
WEISS HSYTH				
b. Mailing Address (include City, State and Zip Code)	e. Date Organized			
2418 JEFFERSON AVE, WINS	10h-14/FEW'N( 5210	3/2/20/19		
c. Committee Website (Optional)		f. Phone Number		
		(301) 633 - 7434		
2. Candidate Information				
a. Full Name	e. Party Affiliation			
ERIC I SHAC WEISS	DEMO(RAT			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought			
JAIS JEFFERSON HUE, MINSTON-JALEN	EOBSALH COOKED L	30HPD OF		
N(, 27(03) c. Phone Number d. Email Address	COLUMI STONES DI	ESTRICT B		
c . Phone Number d. Email Address	g. Next Election Year h.	Jurisdiction		
(301) 633-7434 ERI (OWE) SS (I ENCE	2620	EOSSATH CONNY		
Email copy of report notices	2.9			
3. Treasurer Information	4. Assistant Treasurer Inform	nation N		
a. Full Name	a. Full Name	- 5		
ERICISAAC WEISS		ots and Zir Code		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, St	ate and Zip(Code)		
24 (8 JE FEERSON HVB, WINSTON-SALEM				
N( 27103		< = 78		
c. Phone Number d. Email Address	c. Phone Number d. Email Add			
(301)633-74341 E7 KSIQ GMAIL (OM		 		
Send report notices by email Yes No	☐ Email copy of report notice	÷S -		
5. Custodian of Books Information (Keeper of Records)	6. Account Information (in	cl. CRO-3500)		
a. Full Name	a. Financial Institution Full Name			
o. Mailing Address (include City, State, and Zip Code)				
. Phone Number d. Email Address	b. Account Code c. Type			
	EV1237			
☐ Email copy of report notices	155			
- Allian copy of report nonees				
I certify that the Committee is in compliance with all applica	shla provisions of Article 22 A or	f Chantar 162 of the NC		
General Statutes and that no funds are commingled with pro-	•	•		
this report is complete, true and correct.	inoned of other non-disclosed it	ands. I further certify that		
FRIC WETSS (01	$\mathcal{I}$	12/20/19		
L 4 2277				
Printed Name of Treasurer Signature of Appointed Treasurer Date				
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				
.63 of the NC General Statutes.		/-		
EREC WELS) 6	M 11	(2/20/19		
Printed Name of Candidate	Signature of Candidate	Date		



### 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 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.

are filed.	
FILED BY: Committee Name: Treasurer Name: Treasurer Address: (include city, state, & zip)	WEISS HSYTH  ERIC WEISS  2418 JEFFERSON AVE  WINSTON-SHLEM, NC 27103
Treasurer Phone:	(301) 633-7434
election cycle under the pro- until the end of the election expenditures during this ele- of elections and file required	nittee intends to neither receive nor expend more than \$1,000 during the current cedures 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 ction cycle, I understand that I must immediately notify the appropriate board 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 of the current election cycle. I further agree to file all future reports required.
12/20/19	(ever

Signature

Date Signed



#### North Carolina

#### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

CRO-3900

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

## **Candidate Designation of Committee Funds**

		late to designate in the event of their death, ble methods outlined in 163-278.16B(a).
Candidate Name: EP:  Committee Name: WF  Treasurer Name: ER  If Candidate is own treasurer, of Committee ID #:	IC WEISS	out designations: (HPI) SMITH
funds remaining in my Campa	gn Committee account(s) ( for winding up the Comm	event of my death or incapacity all after payment of permitted outstanding littee or closing office) be paid in the 3.16B(a).
Name of Entity (Select from §163-278.16  1. PETURN TO (ONT)  2	1BVTOR 10	for Disbursement (eg. Amount or %)
By signing this form, I certify Gen. Statute 163-278.16B(a). records.  Signature of Candidate:	hat the foregoing entities a A copy of this form should	re eligible beneficiaries under N.C. be maintained with the Committee
Date:	Candidate Designation of Con	mittee Funds July 2014

Candidate Designation of Committee Funds