

Statement of Organization - Candidate Committee

Is this statement:

☐ New

☐ Amended

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee

TED KAPLAN For County Commissioner

d. ID Number

b. Mailing Address (include City, State and Zip Code)

2521 GREENBRIER RD W-S, NC 27104

e. Date Organized

c. Committee Website (Optional)

f. Phone Number

336-407-3155

2. Candidate Information

a. Full Name

FRAN THEODORE KAPLAN

e. Party Affiliation

DEMOCRAT

b. Mailing Address (include City, State, and Zip Code)

11695 DOUBLE SPRING RD
LEWISVILLE, NC 27023

f. Office Sought

COUNTY COMMISSIONER

c. Phone Number

336-407-3155

d. Email Address

ted@TEDKAPLAN.COM

g. Next Election Year

h. Jurisdiction

☐ Email copy of report notices

3. Treasurer Information

a. Full Name

KATHERINE FRAZIER KAPLAN

b. Mailing Address (include City, State, and Zip Code)

2521 GREENBRIER RD
WINSTON-SALEM, NC 27104

c. Phone Number

336-407-5439

d. Email Address

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

d. Email Address

Send report notices by email

☐ Yes

☐ No

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name

KATHERINE KAPLAN

b. Mailing Address (include City, State, and Zip Code)

2521 GREENBRIER RD
WINSTON-SALEM, NC 27104

c. Phone Number

d. Email Address

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

TRUST

2521 GREENBRIER RD
WINSTON-SALEM, NC 27104

b. Account Code

c. Type

1

Checking

☐ Email copy of report notices

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.

Katherine Kaplan

Printed Name of Treasurer

Katherine Kaplan

Signature of Appointed Treasurer

12/22/21

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 163 of the NC General Statutes.

Printed Name of Candidate

Signature of Candidate

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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.

FILED BY:

Committee Name: TEO Kaplan for County Commission

Treasurer Name: Katherine Kaplan

Treasurer Address: 2521 GREENBRIER RD

(include city, state, & zip) WINSTON-SALEM, N.C. 27104

Treasurer Phone: 336-401-5437

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 at or 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.

1/10/22
Date Signed

[Signature]
Signature

RECEIVED
2022 JAN 10 AM 10:31
FORSYTH COUNTY
BOARD OF ELECTIONS



NORTH CAROLINA STATE BOARD OF ELECTIONS

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: TED KAPLAN

Committee Name: TED KAPLAN FOR COUNTY COMMISSIONER

Treasurer Name: KATHERINE KAPLAN

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Forsyth

I, TED KAPLAN, 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
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

1. Forsyth County
2. _____
3. _____

100%

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: 12/29/21

RECEIVED
JAN 31 AM 10:31
FORSYTH COUNTY
BOARD OF ELECTIONS