Statement of Organization - Candidate Committee

Is this	statem	ent:	
☑ 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	d. ID Number					
b. Mailing Address (include City, State and Zip Code)	Howard SCH1960					
OT Tida (Calab	e. Date Organized					
975 Ridge Gate Dr. Lewisvi	le, NC 27023 7/7/2023					
c. Committee Website (Optional)	f. Phone Number					
	334 341-1966					
2. Candidate Information						
a. Full Name	e. Party Affiliation					
Angstasia Chrysson Howard	Republican					
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought					
975 Ridge Gate Drive						
Lewisville, NC 27023	Lewisville Town Council					
c . Phone Number d. Email Address	g. Next Election Year h. Jurisdiction					
376-341-1966 stacyhoward 780 yehoo.com	Nor. 7, 2023 Lewisrille					
☑ Email copy of report notices	TVON 1, 2025 LCW STEELS					
3. Treasurer Information	4. Assistant Treasurer Information					
a. Full Name	a. Full Name					
Anastasia Chrysson Howard						
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)					
975 Ridge Gate Drive 27023	and the second s					
c. Phone Number d. Email Address	c. Phone Number d. Email Address					
341-1966 Stocyhoward 780 yptom						
Send report notices by email Yes No	Email copy of report notices					
5. Custodian of Books Information (Keeper of Records)	6. Account Information (incl. CRO-3500)					
a. Full Name	a. Financial Institution Full Name					
Anastasia Chrysson Howard D. Mailing Address (include City, State, and Zip Code)	Truist					
975 Kidge Cate Dr.						
Lewisville, NC 27623						
c. Phone Number d. Email Address	b. Account Code c. Type					
336341966 Stacyhoward 78@ yphro.com	1952 Checking					
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. Anstasia Chryson Howard Anastasia Chrypn Howard 7-8-3033						
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 luties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 63 of the NC General Statutes.						
Anastasia Chryson Howard amotasia Chryson Howard 7-8-2023						
Printed Name of Candidate	Signature of Candidate Date					



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

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

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

FILED RV.

TABLE DI.	
Committee Name:	Committee to Elect Stacy Howard
Treasurer Name:	Anastasia Chrysson Howard
Treasurer Address:	975 Ridge Gate Drive
(include city, state, & zip)	Lewisville, NC 27023
Treasurer Phone:	33/0-341-19/0

3010-041-14610

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.

nastasia Chripson



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).

now the committee's runds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).					
This Designation is filed	l at the Board of Elections office w	where the committee's campaig	n reports are filed.		
Candidate Name:	Anastasia Chrysson Howard (Stary Howard				
Committee Name:	Committee to Efect Stary Howard				
Treasurer Name:	Anastasia Chrysson Howard				
If Candidate is own treasurer, designate an agent to carry out designations: Thomas Morton					
Committee ID #:	SCH1960				
Level Registered:	[State] [County] If county, sp	pecify: Fasyth Cour	Tty, NC		
I, Anastasia Chrysson toward, 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).					
	of Entity \$163-278.16B(a))	Plan for Disbursement (eg	. Amount or %)		
1. Carlos Maria	\$105-278.10B(a))	100%	N 2		
2. Return	to Donor				
3					
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 Candidat	te: <u>Anastasia</u>	Chrysson He	xward		
Date:	7/8/2023				
CRO-3900	Candidate Designation of Committee Funds				