

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name	c. ID Number
STEVEN SMITH FOR County Commissioner	Pending
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
351 McALISTER ROAD LINCOLN TOW, NC 28092	11-14-2019
	e. Phone Number
	704-308-7397

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020			STEVEN LEE SMITH

6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category)	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special
8. Number of Fundraisers this Report _____		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
10. Special Report Name _____			

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST FEDERAL SAVINGS BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
ORGANIZE	554CC		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 300.00		\$

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 and that I have been trained by the NC State Board of Elections.

STEVEN SMITH
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

11-15-2019
 Date

FOR OFFICE USE ONLY			
Date Received:	11/25/2019	Employee:	RBuff
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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).

1. Committee Information	
a. Full Name	c. ID Number
STEVEN SMITH FOR COUNTY COMMISSIONER	Pending
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
351 MCALISTER ROAD LINCOLN TOW, NC 28092	11-14-2019
	e. Phone Number
	704-308-7397

2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee
a. Full Name	e. Candidate ID Number	f. Party Affiliation
STEVEN LEE SMITH	Pending	UNAFFILIATED <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
351 MCALISTER ROAD LINCOLN TOW, NC 28092	LINCOLN COUNTY COMMISSIONER	
c. Phone Number	d. Email Address	h. Next Election Year
704-308-7397	TROOPY912@AOL.Com	2020
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction
		Lincoln County

3. Treasurer Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)
STEVEN LEE SMITH	351 MCALISTER ROAD LINCOLN TOW, NC 28092
c. Phone Number	d. Email Address
704-308-7397	TROOPY912@AOL.Com

4. Custodian of Books Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)
STEVEN LEE SMITH	351 MCALISTER ROAD LINCOLN TOW, NC 28092
c. Phone Number	d. Email Address
704-308-7397	TROOPY912@AOL.Com

I prefer to receive notices by email Yes No

Email copy of notices

5. Assistant Treasurer Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name	b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address		

6. Account Information <small>(incl. CRO-3500)</small>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Financial Institution Full Name	b. Purpose		
c. Account Code	d. Type		

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.

STEVEN LEE SMITH _____ 11-14-2019
 Printed Name of Signer Signature of Appointed Treasurer Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: STEVEN LEE SMITH

Treasurer Name: STEVEN LEE SMITH

Treasurer Address: 351 MCALISTER ROAD

(include city, state, & zip) LINCOLNTON, NC 28092

Treasurer Phone: 704-308-7397

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).

¹³
11-14-2019
Date Signed

[Signature]
Signature of Candidate



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: STEVEN SMITH FOR County Commissioner

Committee Name: STEVEN SMITH FOR County Commissioner

Treasurer Name: STEVEN SMITH

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

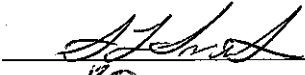
Committee ID #: _____

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

I, STEVEN SMITH, 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. <u>ESCHEAT Fund</u>	<u>ESCHEAT Fund 100%</u>
2. _____	_____
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 Candidate: 

Date: 11-19-2019



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: STEVEN SMITH FOR COUNTY COMMISSIONER

Treasurer Name: STEVEN SMITH

Treasurer Address: 351 McALISTER ROAD

(include city, state, & zip) LINCOLN, NC 28092

Treasurer Phone: 704-308-7397

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.

11-15-2019
Date Signed

[Signature]
Signature