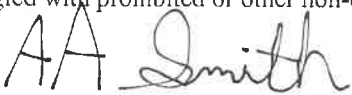
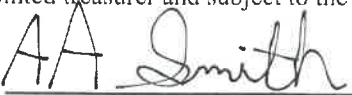


Statement of Organization - Candidate Committee

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 Committee to Elect Adrian Smith		d. ID Number 2023 OCT -5 PM 4: 25	
b. Mailing Address (include City, State and Zip Code) 916 Granville Dr., Winston-Salem, NC, 27101		e. Date Organized 09/30/23	
c. Committee Website (Optional) www.adriansmithsouthward.com		f. Phone Number 336-692-4621	
2. Candidate Information			
a. Full Name Adrian Archer Smith		e. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) 916 Granville Dr., Winston-Salem, NC, 27101		f. Office Sought City Council	
c. Phone Number 336-692-4621	d. Email Address adrian.smith@robertrustfoods.com	g. Next Election Year 2024	h. Jurisdiction City of Winston-Salem
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Adrian Smith		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 916 Granville Dr., Winston-Salem, NC, 27101		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 336-692-4621	d. Email Address adrian.smith@robertrustfoods.com	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name Hasan Pyarali		a. Financial Institution Full Name Allegacy Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code) 2420 Whicker Acres Ln, Apt 101 Winston-Salem, NC, 27106			
c. Phone Number 609-325-7399	d. Email Address pyarha20@wfu.edu	b. Account Code 1a	c. Type Checking
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p>			
<u>Adrian Smith</u> Printed Name of Treasurer		 Signature of Appointed Treasurer	
		09/30/23 Date	
<p>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.</p>			
<u>Adrian Smith</u> Printed Name of Candidate		 Signature of Candidate	
		09/30/23 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: Adrian Smith

Committee Name: Committee to Elect Adrian Smith

Treasurer Name: Adrian Smith

Treasurer Address: 916 Granite Dr.

(include city, state, & zip) Winston-Salem, NC, 27101

Treasurer Phone: _____

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.

10/10/23

Date Signed

[Signature]

Signature



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: Adrian Smith

Committee Name: Committee to Elect Adrian Smith

Treasurer Name: Adrian Smith

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

Committee ID #: _____

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

I, Adrian Smith, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Forsyth County Democratic Party</u>	<u>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: [Signature]

Date: Oct 7, 2023