Statement of Organization - Candidate Committee

Amendment ☐ Yes ☑ 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
Elect Melissa Lutz Frantz for Alderman	7DU1H8
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
1826 2nd St SW, Hickory, NC 28602	7/5/2013
	e. Phone Number
	828-855-3331

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Melissa Lutz Frantz	7DU1H8	(Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
1826 2nd St SW, Hickory, NC 28602	Brookford Alderman	

c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-855-3331			Brookford

☐ Email copy of notices

3. Treasurer Information

a. Full Name
Melissa Lutz Frantz
b. Mailing Address (include City, State, and Zip Code)
1826 2nd St SW, Hickory, NC 28602

c. Phone Number	d. Email Address
828-855-3331	

I prefer to receive notices by email ☐ Yes ☐ No

4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

☐ Email copy of notices

6. Account Information *(incl. CRO-3500)*

☐ Add ☐ Remove

a. Financial Institution Full Name	
N/A	
b. Purpose	
c. Account Code	**d. Type**

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.

Melissa Lutz Frantz	Melissa Lutz Frantz	7/5/2013
Printed Name of Signer	Signature of Appointed Treasurer	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
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Melissa Lutz Frantz

Treasurer Name: Melissa Lutz Frantz

Treasurer Address: 1826 2nd St SW

(include city, state, & zip) Hickory, NC 28602

Treasurer Phone: 828-855-3331

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).

07/05/2013
Date Signed

Melissa Lutz Frantz
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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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.

FILED BY:

Committee Name: Elect Melissa Lutz Frantz for Alderman

Treasurer Name: Melissa Lutz Frantz

Treasurer Address: 1826 2nd St SW

(include city, state, & zip) Hickory, NC 28602

Treasurer Phone: 828-855-3331

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 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.

07/05/2013
Date Signed

Melissa Lutz Frantz
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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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).

Candidate Name: Melissa Lutz Frantz

Committee Name: Elect Melissa Lutz Frantz for Alderman

Treasurer Name: Melissa Lutz Frantz

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

Committee ID #: 7DU1H8
Level Registered: [State] [County] If county, specify: Catawba

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I, Melissa Lutz Frantz (Name of Candidate) 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 *(Select from §163-278.16B(a))*	Plan for Disbursement (eg. Amount or %)
1. American Juvenile Diab.	100%
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: Melissa Lutz Frantz

Date: 07/05/2013

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.