Statement of Organization - Candidate CommitteeUse this form to create a new or update an existing candidate committee.

Amendment					
X Yes	No				

This form must be accent. Committee Info	companied by forms CRO-3100	and CRO-3500) (when amending, o	nly re-subm	nt if applicable).		
a. Full Name	- Matty				c. ID Numb	er	
Y 1 Y C C	Ch. C. H.W. 15						
Nathan Heiner for	City Council Ward 3						
	clude City, State and Zip Code)				d. Date Org	anized	
253 5th St SE					6/27/2019		
Hickory, NC 28602	1				e. Phone Nu		
					e. Phone Nu	mper	
					828-2	244-0455	
2. Candidate Information				Cand	idate's Primary	Committee	
a. Full Name			e. Candidate ID Nu	mber	f. Party Affi	liation	
Nathan Jeremy Hefner					Non-	Partisan	
					(Indicate Non-pa	(Indicate Non-partican if applicable)	
	clude City, State, and Zip Code)		g. Office Sought				
253 5th St SE			City Council				
Hickory, NC 28602	T						
c . Phone Number	d. Email Address		h. Next Election Ye	ar	i. Jurisdiction		
828-244-0455	njhefner@msn.co	om	2019	Hickory, Ward #3		Ward #3	
X Email copy o			1 6 1 2 1	W			
3. Treasurer Information				4. Custodian of Books Information			
a. Full Name			a. Fun Name	a. Full Name			
George Misoyianis		N/A					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)				
311 3rd Ave dr SE							
Hickory, NC 28602							
c. Phone Number	d. Email Address		c. Phone Number d. Email Address				
843-270-9273	gmisoyianis@yahoo	o.com		di Zimin Kuress			
I prefer to receiv	e notices by email X Yes	s No	Email con	of notic	es		
5. Assistant Treasu		Add	☐ Email copy of notices 6. Account Information (incl. CRO-3500) X Add				
a. Full Name	2	Remove	a. Financial Institut	***** - 15 P		Remove	
N/A			Peoples				
b. Mailing Address (inc	clude City, State, and Zip Code)		b. Purpose			F2 D D0	
				Campaig	n Account	E II W	
c. Phone Number	d. Email Address		c. Account Code	d. Type			
			211		enth and a second		
			311		Checking		
Email copy of CERTIFICATION							
	i Committee or Fund is in comp	nliance with a	Il innlicable provi	cione of A	rticle 22A 22E	3 & 220-	
	63 of the NC General Statute						
•	further certify that this report	1		D100 WILL			
		\ \	gx)		. 7/	16/19	
GOORGE F	ted Name of Signer	5_2	book of	Seson	لمميد		
Print	ted Name of Signer	Sig	gnature of Appointed T	reasurer (Date	



Certification of Threshold

This Certification is used to delcare or whithdraw 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:

Nathan Hefner for City Council Ward 3

Treasurer Name:

George Misoyianis

Treasurer Address:

311 3rd Ave dr SE

Hickory, NC 28602

Treasurer Phone: 843-270-9273

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 eleciton 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 DISCLAIMER 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 from the beginning of the current election cycle. I further agree to file all future reports required.

Date Signed

ned

Signature



Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FII EN DV.

CRO-3500

FILLED DI.	
Committee Name:	Nathan Hefner for City Council Ward 3
Treasurer Name:	George Misoyianis
Treasurer Address:	311 3rd Ave dr SE
(include city, state, & zip)	Hickory, NC 28602
Treasurer Phone:	843-270-9273

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all monies of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Peoples	518 West C St Newton, NC 28658	535107617	311
		Temon, NC 20030	\cap	
By signing this staten	nent, I authorize agents of	the State Board of Elections to i	rspect applicable accounts.	04000
Date Signed	es Only		Signature of Candidate or T	reasurer\
In lieu of providi money except that	ng account information at which is the candidate	, I certify that this committee e's personal funds. I furtherme any personal bank account the	ore understand that an audit	or
By signing this staten	nent, I authorize agents of	the State Board of Elections to i	nspect applicable accounts.	
		·		
Date Signed			Signature of Candidate or T	Ггеаѕитег

Certification of Financial Account Information