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.

RECEIVED
AUG 28 2023
NC STATE BOARD OF ELECTIONS

1. Committee Information

a. Name of Committee	d. ID Number
Elect Lindsey Smith	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
Post Office Box 1121, Carthage, NC 28327	08/21/2023
c. Committee Website (Optional)	**f. Phone Number**
	(910) 722-9357

2. Candidate Information

a. Full Name	e. Party Affiliation
Lindsey Brooke Guice Smith	Republican
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
703 McReynolds Street Carthage, NC 28327	District Court-Moore County

c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(910)722-9357	Lindseysmithforjudge@gmail.com	2024	19D

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3. Treasurer Information

a. Full Name	
Kathy Knight	
b. Mailing Address (include City, State, and Zip Code)	
8637 Baybridge Wynd, Raleigh, NC 27613	
c. Phone Number	**d. Email Address**
919-906-5100	kathy@kathy-knight.com

Send report notices by email ☐ Yes ☐ No

4. Assistant Treasurer Information

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

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5. Custodian of Books Information (Keeper of Records)

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

☐ Email copy of report notices

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

a. Financial Institution Full Name	
First Citizens Bank	
b. Account Code	**c. Type**
001	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.

Kathy Knight		08/21/2023
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 duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Lindsey Smith	Lindsey Smith	08/21/2023
Printed Name of Candidate	Signature of Candidate	Date

SC: 8/28/23 CE

Knight Management Advantage, LLC
8637 Baybridge Wynd
Raleigh, NC 27613

L. Smith

9589 0710 5270 0604 0890 71

Retail

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North Carolina State Board of Elections
Attn: Campaign Finance
P.O. Box 27255
Raleigh, NC 27611-7255

27611-725555