

Amendment
 Yes No

Statement of Organization - Candidate Committee

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 <i>Anthony Huss for Sheriff of Lincoln County</i>				c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>9241 Hwy 10 North Vale, NC. 28168 In care of Roger Travis, campaign manager</i>				d. Date Organized <i>Oct. 6, 2017</i>	
				e. Phone Number <i>704-300-6253</i>	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name <i>Wayne Anthony Huss</i>			e. Candidate ID Number		f. Party Affiliation <i>Rep</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>5017 Reepsville Rd. Vale, NC, 28168-9773</i>			g. Office Sought <i>Sheriff of Lincoln County</i>		
c. Phone Number <i>704-300-6253</i>		d. Email Address <i>votehuss.com</i>		h. Next Election Year <i>2018</i>	
				i. Jurisdiction <i>Lincoln County</i>	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name <i>Wayne Anthony Huss</i>			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) <i>5017 Reepsville Rd Vale, NC, 28168-9773</i>			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number <i>7043006253</i>		d. Email Address <i>votehuss@gmail.com</i>		c. Phone Number	
				d. Email Address	
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name			a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number		d. Email Address		c. Account Code	
				d. Type	
<input type="checkbox"/> 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.					
<i>Anthony Huss</i> Printed Name of Signer		<i>Anthony Huss</i> Signature of Appointed Treasurer		<i>Oct 6, 2017</i> Date	



OCT 6 2017 4:00

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

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: Anthony Huss

Committee Name: Anthony Huss For Sheriff

Treasurer Name: Anthony Huss

If Candidate is own treasurer, designate an agent to carry out designations: Roger L. Trivic

Committee ID #: _____

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

I, Anthony Huss, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Wounded Warrior</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:

Date: Oct. 6, 2017



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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: Anthony Huss
Treasurer Name: Anthony Huss
Treasurer Address: 5017 Reepsville Rd
(include city, state, & zip) Vale, NC, 28168-9773

Treasurer Phone: 704-300-6253

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).

Oct. 6, 2017
Date Signed

[Signature]
Signature of Candidate

Disclosure Report Cover

Amendment
 Yes 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 <i>Anthony Huss for Sheriff of Lincoln County</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>9241 Hwy 10 North Vale, 28168</i>	d. Date Filed <i>Oct. 6, 2017</i>
	e. Phone Number <i>704-300-6253</i>

2. Report Year <i>2017</i>	3. Period Start Date (mm/dd/yy) <i>10/06/2017</i>	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Navy Federal Credit Union</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign</i>	c. Account Code <i>204</i>
			d. Period Begin Balance <i>\$ 5.00</i>

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.

Anthony Huss *Anthony Huss* *Oct 6, 2017*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <i>10/6/17</i>	Employee: <i>BRP</i>	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
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.