

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

Contessa For Forsyth Co Commissioner

d. ID Number

b. Mailing Address (include City, State and Zip Code)

3712 Foxton Dr W-S NC 27105

e. Date Organized

12/19/2025

c. Committee Website (Optional)

f. Phone Number

336-920-6698

2. Candidate Information

a. Full Name

Contessa Monique Smith

e. Party Affiliation

Republican

b. Mailing Address (include City, State, and Zip Code)

3712 Foxton Dr. W-S NC 27105

f. Office Sought

County Commissioners
Seat A

c. Phone Number

336-920-6698

d. Email Address

g. Next Election Year

2026

h. Jurisdiction

☐ Email copy of report notices

3. Treasurer Information

a. Full Name

Contessa Smith

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

3712 Foxton Dr. W-S NC 27105

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

336-920-6698

d. Email Address

c. Phone Number

d. Email Address

Send report notices by email ☐ Yes ☐ No

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Truist

b. Account Code

1245

c. Type

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.

Contessa M. Smith

Printed Name of Treasurer

[Signature]

Signature of Appointed Treasurer

12-9-25

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.

Contessa Smith

Printed Name of Candidate

[Signature]

Signature of Candidate

12-9-25

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:

Committee Name:

Contessa for Co Commissioner Sen A

Treasurer Name:

Contessa M. Smith

Treasurer Address:

3712 Foxton Dr. Winston Salem NC

(include city, state, & zip)

27105

Treasurer Phone:

(336) 920 6698

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.

12-1-25

Date Signed

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:

Confessa Smith

Committee Name:

Confessa for Co. Commissioner Seat 4

Treasurer Name:

Confessa Smith

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

Craig Smith

Committee ID #:

Level Registered:

[State] [County] If county, specify:

County

I, Confessa M. Smith, 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).

Name of Entity
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

1. Emmanuel Pentecostal Church Pilot Mt. NC 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:

Date:

12/9/25