

COPY

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).

Committee Information			
a. Full Name		c. ID Number	
Committee to Re-Elect Tracey Shifflette		1-23	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
710 Bluff Sch. Rd Kernersville, NC 27284		7-10-13	
		e. Phone Number	
		336 9964049	
Candidate Information			
<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Tracey Hale Shifflette		KCQ8G5	Non-partisan
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
710 Bluff Sch Rd Kernersville NC 27284		Alderman	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336 9964049	TShiff57@aol.com		
<input type="checkbox"/> Email copy of notices			
Treasurer Information		Custodian of Books Information	
a. Full Name		a. Full Name	
Tracey Hale Shifflette		Tracey H. Shifflette	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
710 Bluff Sch Rd Kernersville NC 27284		710 Bluff Sch Rd Kernersville NC 27284	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9964049	TShiff57@aol.com	9964049	TShiff57@aol.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices			
Assistant Treasurer Information		Account Information	
a. Full Name		a. Financial Institution Full Name	
N/A		Fidelity Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
			Checking
<input checked="" 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.			
Tracey H. Shifflette		T. H. Shifflette	7-20-13
Printed Name of Signer		Signature of Appointed Treasurer	Date



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

COPY
 2013 JUL 23 PM 1:24
RECEIVED

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: Tracey Hale Shifflette

Treasurer Name: Tracey H. Shifflette

Treasurer Address: 710 Bluff Sch Rd
 (include city, state, & zip) Kernersville, NC 27284

Treasurer Phone: 336 996 4049

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).

7-20-13
 Date Signed

[Signature]
 Signature of Candidate

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



JOSEPH COUNTY
ELECTIONS

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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:

Committee to Re-Elect Tracey Shifflette

Treasurer Name:

Tracey H. Shifflette

Treasurer Address:

710 Bluff Sch. Rd

(include city, state, & zip)

Kernersville NC 27284

Treasurer Phone:

996-4049

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.

7-20-13

Date Signed

Tracey H. Shifflette
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: Tracey H. Shifflette
Committee Name: Committee to Re-Elect Tracey Shifflette
Treasurer Name: Tracey H. Shifflette
If Candidate is own treasurer, designate an agent to carry out designations: Edward A. Shifflette III

Committee ID #: _____
Level Registered: [State] [County] If county, specify: municipal - Kernersville

I, A H Shifflette, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Contributor</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: A H Shifflette
Date: 7-20-13

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