Amendment Statement of Organization - Candidate Committee Yes ☐ No 1. Committee Information c. ID Number 2. Full Name 154188 d. Date Organized JOHN B. SHORE b. Mailing Address (include City, State and Zip Code) 1/11/03 P.O. BOX 79 BETHANIA, NC 27010 e. Phone Number 331-972-7857 Primary Candidate Committee 2. Candidate Information b. Candidate ID Number a. Full Name Uffol e. Party Affiliation d. District/County/Municipality Office Sought FORSYTH /BETHANDA BETHANIA COMMISSIONER (If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.) 4. Custodian of Books Information 3. Treasurer Information a. Full Name a. Full Name SAME SAME b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) d. Email Address c. Phone Number d. Email Address c. Phone Number Add (incl. CRO-3500) 6. Account Information 5. Assistant Treasurer Information Add Remove a. Financial Institution Full Name Remove a. Full Name b. Mailing Address (include City, State, and Zip Code) b. Purpose

CERTIFICATION

c. Phone Number

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

c. Code

d. Email Address

d. Type

Signature of Appointed Treasurer

CRO-2100A

NC State Board of Elections

March 2003

North Carolina

State Board of Elections 506 N Harrington Street Rakigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting

**Mailing Address** PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

# Confidential

Certification of Financial Account Information					
FILED BY: Committee Name: Treasurer Name: Treasurer Address: (include city, state, & zip	JOHN B. P.O. Prov	SHORE	Compaison.	Spend	
Treasurer Phone:  I certify that the information for the above named Coaccounts, money market Committee.	336-92  ation provided below is true mmittee. These accounts t or savings accounts, or a	ue and accurate. I am numbers include all ba any other financial acc	providing all account in	formation dit card se by the	
The information provid The information provid a court of competent ju	ed on this form is conside led would only be used for risdiction. It will be neces ation on required disclost account number is presume	ssary to assign each a are reports. If an acco d to have been waived	ecount number a "code" unt number is used as the	in order to	
Type of account	Financial Institution	Address	Account Humber	T	
By signing this statement provided.  7/24/03  Date/Signed	ent, I authorize agents of t	the State Board of Ele	Signature of Treasurer	unts	



COPY

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#### North Carolina State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

## **Certification of Threshold**

THE DI.	
Committee Name:	JOHN B. SHORE
Treasurer Name:	JOHN B. SHORE
Treasurer Address:	P.O. BIX 79
include city, state, & zip)	BETHANIA, N.C. 27010
	001 00 000
Freasurer Phone:	336-922.2857
election cycle under the pro- until the end of the election expenditures during this ele- of elections and file require  I am withdrawing my	nittee intends to neither receive nor expend more than \$3,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board d campaign finance reports.  Certification to remain under the \$3000 threshold. I will now be required to rt for all contributions and expenditures that have not been previously reported arrent election cycle. I further agree to file all future reports required.
2/12/12	John B. Shore
Data Signed	Signature





### North Carolina State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

## **Certification of Treasurer**

FILED BY:	To a Carast
Candidate Name:	JOHN B. SHORE
Treasurer Name:	SAME
Treasurer Address:	P.O. BOR 79 BETHONIA, NE 27010
(include city, state, & zip)	BETHANIA, NE 27010
Treasurer Phone:	336-922-2857
I certify that the above info the duties and responsibility sanctions in Subchapter VI.	rmation is correct, and I, as candidate, appoint said treasurer to personally fulfill tes imposed upon the appointed treasurer and subject to the penalties and II. Regulation of Election Campaigns of Chapter 163 of the North Carolina

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.

7/17 /03 Date Signed

General Statutes.

Signature of Candidate



Raleigh, NC 27 Westbrook

Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

# **Certification to Close Committee**

FILED BY:	UNDER \$3000	
Committee Name:	UNDER 3000	_
Treasurer Name:		<b>_</b>
		_
Treasurer Address:		_
(include city, state, & zip)		-
		-
		-
Treasurer Phone:		_
certification, I declare that a contributions will be accepted signed. If the Committee at any candidate or ballot issue Elections before such activition. Committees that have filed to the contribution of t	oned Committee intends to close and cease existence. Upon signing this I funds have been distributed and reported (if required). In addition, no d or disbursements made after the "Final Report" is filed or this form is any future time intends to accept or spend funds in support or opposition of a new political committee must be formed and registered with the Board of ses may commence.  Inder the \$3,000 threshold will only be required to sign this Certification. No red for committees meeting this criterion. Any Committee that did not file must submit a "Final Report" with this Certification. This report must have a	
zero balance with no outstar	ding loans or debts.	
11/11/03 Date Signed	John Bore Signature	2013 NOV 1.5
	Consideration to Close Committee March 20	P. 53
CRO-3400	Certification to Close Committee March 200	IJ