



**COPY**

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

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

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: Edward Taylor ("Ted") Shipley, III  
Treasurer Name: Sandlin M. Douglas  
Treasurer Address: 2813 Galsworthy Drive  
(include city, state, & zip) Winston-Salem, NC 27106  
Treasurer Phone: 336-732-5221

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FORSYTH COUNTY  
BOARD OF ELECTIONS

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).

6-4-09

Date Signed

Edward T. Shipley III  
Signature of Candidate

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

# Statement of Organization - Candidate Committee

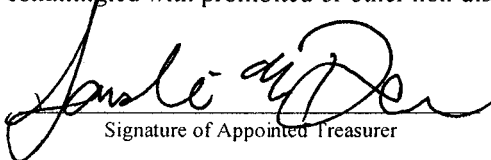
Amendment

☐ 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.

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<b>1. Committee Information</b>			
a. Full Name The Ted Shipley Committee		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 2813 Galsworthy Drive Winston-Salem, NC 27106		d. Date Organized 5/28/2009	
		e. Phone Number 3367325221	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Edward Taylor Shipley, III	c. Candidate ID Number	d. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) 2563 Bitting Road Winston-Salem, NC 27104	e. Office Sought City Council Winston-Salem Southwest Ward	f. Jurisdiction Municipality	
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name Sandlin M. Douglas	c. Phone Number 3367325221	a. Full Name Edward T. Shipley, Jr.	d. Email Address tshipley@bookes eminars.com
b. Mailing Address (include City, State, and Zip Code) 2813 Galsworthy Drive Winston-Salem, NC 27106	d. Email Address sandlin.douglas @wachovia.com	b. Mailing Address (include City, State, and Zip Code) 931 Partridge Lane Winston-Salem, NC 27106	c. Phone Number 3367232445
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name Edward Taylor Shipley, Jr.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name Wachovia	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code) 931 Partridge Lane Winston-Salem, NC 27106		b. Purpose Campaign Account	
c. Phone Number 3367232445	d. Email Address tshipley@bookes eminars.com	c. Account Code 1	d. Type Checking
<b>CERTIFICATION</b>			
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.			
Sandlin M. Douglas Printed Name of Signer		 Signature of Appointed Treasurer	
		6/14/09 Date	

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## Confidential

### Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

#### FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

The Ted Shipley Committee  
Sandlin M. Douglas  
2813 Galsworthy Dr.  
Winston-Salem, NC 27106  
336-732-5221

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Wachovia	100 N. Main St.	[REDACTED]	1

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

6-4-09  
Date Signed

[Signature]  
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer