

COPY

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.

Amendment

☐ Yes

☐ No

1. Committee Information			
a. Full Name		c. ID Number	
Claudia L Shivers for City Council Member		9CQB91	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
521 N Liberty Street Suite 119 Winston Salem, NC 27101		7/10/2009	
		e. Phone Number	
		336 529 6018	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Claudia L Shivers	9CQB91	Rep	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
521 N Liberty Street Winston Salem, NC 27101	City Council Member		
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Shelley Phillips		Shelley Phillips	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
521 N Liberty Street Winston Salem, NC 27101		521 N Liberty St Winston Salem, NC 27101	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 529 6018	phillips@roadrunner.com	336 529 6018	phillips@roadrunner.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Southern Community Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Contributions Recordkeeping	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		10001	Checking
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.			
Printed Name of Treasurer		Signature of Appointed Treasurer	
Shelley Phillips		Shelley Phillips	
Date		Date	
7/21/09		7/21/09	

CRO-2100A

NC State Board of Elections

December 2007



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:

Claudia L. Shivers

Treasurer Name:

Shelley Phillips

Treasurer Address:

521 N. Liberty Street

(include city, state, & zip)

Winston Salem, NC 27101

Treasurer Phone:

336 529-6018

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).

7/21/09
Date Signed

Claudia L. Shivers
Signature of Candidate

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

FORSEY COUNTY
BOARD OF ELECTIONS

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

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Deputy Director – Campaign Reporting

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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: Claudia L. Shivers for City Council Member
Treasurer Name: Shelley T. Phillips
Treasurer Address: 521 N. Liberty Street
(include city, state, & zip) Winston Salem, NC 27101
Treasurer Phone: 336 529 6018

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	Southern Comm Bank	Winston Salem, NC	[REDACTED]	10001

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

7/21/09
Date Signed

Shelley T. Phillips
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