

# Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

BOAR LYes: CLE

This form must be	e accompanied by forms CRO-3100 and CF	2O-3500 (when am€	ending, only	Mretsubmit if applicable).
1. Committee Info	ormation	and the second s		
a. Full Name		<u> </u>		c_ID_Number
Tracey	1 Hale Shiffleff	e		FCQ 87V
b. Mailing Address (i	include City, State and Zip Code)		<b>A</b>	d. Date Organized
710 1	Bluff School Rd	<i></i>		7-18-11
Keri	nersuille, NC 2	17284		e. Phone Number 336 9964049
2. Candidate Info			<del></del>	
a. Full Name	Mation	e. Candidate ID Numb		ate's Primary Committee  f. Party Affiliation
	1 . 7	<del></del>		
Tracey	1 Hale Shifflette	FCQ8	7 <u>V</u>	NON - Par tican (Indicate Non-partican if applicable
	nclude City, State, and Zip Code)	g. Office Sought		
710 Blu-	HSCHOOL Rd ersvillenc 27284	Alde	rmar	7
c . Phone Number	d. Email Address	h. Next Election Year	i.	. Jurisdiction
	4 TShiff 57@001.wn	2011		Kernersville Forsyth County North Carolina
□Email copy o				
3. Treasurer Infor	mation	4. Custodian of Bo	ooks Intori	mation
a. Full Name		a. Full Name	11 12	C1. 11/1 1/2
	ale Shifflette			Shiffle He
· · · · · · · · · · · · · · · · · · ·	<i>r</i>	b. Mailing Address (inc		
	uffsch. Rd			5000/ld
	ersville NC 27284			NENC 27284
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ad	
	g T3hiff57@aol.com			hi 45 1800/-con
		Email copy of		and the second of the second o
5: Assistant Treasu		6. Account Inform		77 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
a. Full Name	Remove	a. Financial Institution	<del></del>	Remove.
	170 A.3A		ridgy	2 Bank
. Mailing Address (me	clude City, State, and Zip Code)	b. Purpose		
		Campai	Sn	
Phone Number	d. Email Address	c. Account Code	d. Type	
				11. OAL
☐ Email copy of	f notices	persNB	Cru	ecking
CERTIFICATION				
	Committee or Fund is in compliance with all	il applicable provisi	ons of Artic	cle 22A, 22B & 22D-22M of
Chapter 163 of the	e NC General Statutes and that no funds are	e commingled with		· · · · · · · · · · · · · · · · · · ·
	at this report is complete, true and correct.		2.11	. •
-Tracey	1 H. Shiffloth	H)WH1	THE	7-18-11
Printe/	d Name of Signer Sign	ature of Appointed Treas	surer	Date





#### North Carolina State Board of Elections 506 N Harrington Street

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting Maifing Address
PO Dox 27255
Raleigh, NC 27611-7255
(915) 733-7473
Fax: (915) 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:		FC0871
Candidate Name:	Tracey H. Shittlete	
Treasurer Name:	Tracey H. Shifflette	
Treasurer Address:	710 Bluff Schild	
(include city, state, & zip)	Kernersville NC 27284	·
		·
Treasurer Phone:	3369964049	_ <del>-</del>

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).

Date Signed

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





## North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting Mailing Address
PO Bbx 27255
Raleigh, NC 2764-7259
(919) 743-7173
Fax: (919) 743-8047-25

### **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.  $EC/2\sqrt{-1}$ 

FILED BY:	
Committee Name:	Trace H. Shifflete for Alderman
Treasurer Name:	Tracey H. Shifflette
Treasurer Address:	710 Bluff School Rd
(include city, state, & zip)	Kernersville NC 27284
_ /	
Treasurer Phone:	336 9964049
Check One:	
	mittee intends to neither receive nor expend more than \$1,000 during the current
	ocedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or
	ection cycle, I understand that I must immediately notify the appropriate board
	d campaign finance reports.
THIS DECLARATION CA	IN 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
	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.
7-18-11	At Xuff (the)

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

Date Signed

Signature L