

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 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name	c. ID Number
Committee to Elect Mark Baker	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
2965 Rhonswood Dr Tobaccoville, NC 27050	1/1/12
	e. Phone Number
	336-969-4913

2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Stephen Mark Baker		Republican
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
Same	Forsyth County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year
336-969-4913	markbaker1@windstream.net	2012
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction

3. Treasurer Information

a. Full Name
S. Mark Baker
b. Mailing Address (include City, State, and Zip Code)
Same
c. Phone Number
Same
d. Email Address
Same

4. Custodian of Books Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

I prefer to receive notices by email ☐ Yes ☒ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Wells Fargo	
b. Purpose	
Campaign	
c. Account Code	d. Type
WF	Checking

☐ 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.

Mark Baker

Printed Name of Signer

Mark Baker

Signature of Appointed Treasurer

1-12-12

Date



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:

Mark Baker

Treasurer Name:

Mark Baker

Treasurer Address:

2965 Rhoadswood Dr

(include city, state, & zip)

Tobaccaville, NC 27050

Treasurer Phone:

336-969-4913

2012 JAN 17 AM 9:22
RECEIVED

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).

1-12-12

Date Signed

Mark Baker

Signature of Candidate

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