

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

<b>1. Committee Information</b>			
a. Full Name Tracey H. Shifflette for Alderman		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 710 Bluff Sch. Rd Kernersville, NC 27284		d. Date Organized 7-8-15	
		e. Phone Number 336 996 4049	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Tracey Hale Shifflette		e. Candidate ID Number BCQ328	
b. Mailing Address (include City, State, and Zip Code) 710 Bluff Sch. Rd. Kernersville, NC 27284		f. Party Affiliation Non-partisan (Indicate Non-partisan if applicable)	
c. Phone Number 336 996 4049		g. Office Sought Alderman	
d. Email Address TShiff57@aol.com		h. Next Election Year 2015	
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction Kernersville	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name Tracey Hale Shifflette		a. Full Name Tracey Hale Shifflette	
b. Mailing Address (include City, State, and Zip Code) 710 Bluff Sch. Rd Kernersville NC 27284		b. Mailing Address (include City, State, and Zip Code) 710 Bluff Sch. Rd Kernersville, NC 27284	
c. Phone Number 336 996 4049		c. Phone Number 336 996 4049	
d. Email Address TShiff57@aol.com		d. Email Address TShiff57@aol.com	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information (incl. CRO-3500)</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name N/A		a. Financial Institution Full Name Fidelity Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign fund	
c. Phone Number		c. Account Code	
d. Email Address		d. Type Checking	
<input type="checkbox"/> Email copy of notices			
<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.			
Tracey H. Shifflette Printed Name of Signer		[Signature] Signature of Appointed Treasurer	
		7-16-15 Date	



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

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Candidate Name: Tracey H. Shifflette  
Treasurer Name: Tracey H. Shifflette  
Treasurer Address: 710 Bluff Sch. Rd  
(include city, state, & zip) Kernersville, NC 27284  
  
Treasurer Phone: 336 996 4049

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).

7-16-15  
Date Signed

Tracey H. Shifflette  
Signature of Candidate



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**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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN 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 to file the next scheduled 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.

7-16-15  
Date Signed

JH Shifflette  
Signature



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### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Tracey H. Shifflette

Committee Name: Tracey H. Shifflette Br Alderman

Treasurer Name: Tracey H. Shifflette

If Candidate is own treasurer, designate an agent to carry out designations: Edward A. Shifflette

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: municipal - Kernersville, NC

I, Tracey H. Shifflette (Name of Candidate) hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Contributor</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_