

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).

1. Committee Information			
a. Full Name		c. ID Number	
CAMPAIGN TO ELECT MIKE SHIFLET			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO BOX 2473 DURHAM, NC 27715		07-07-2015	
		e. Phone Number	
		919 368-7329	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
MICHAEL WILLIAM SHIFLET			UNAFFILIATED (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
206 W. CLUB BLVD DURHAM, NC 27704		CITY/COUNCIL-AT LARGE	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919 368-7329	MIKE SHIFLET 2015 egmail.com		
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
DANIEL ELLIS SINGER		IN PERSON	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
311 GREENWOOD DURHAM, NC 27704		DURHAM BOE	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919 886-5883	DANIEL SINGER egmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		BB&T	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN ACCOUNT	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1MWS	CHECKING
<input type="checkbox"/> 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.			
Daniel Singer		7/15/2015	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



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

IN PERSON

JUL 15 2015

DURHAM BOE

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:

MICHAEL WILLIAM SHAFLETT

Treasurer Name:

DANIEL ELLIS SINGER

Treasurer Address:

311 GREENWOOD

(include city, state, & zip)

DURHAM, NC 27704

Treasurer Phone:

919 886 5883

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).

07/14/2015

Date Signed

Signature of Candidate



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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: MICHAEL WILLIAM SHIFLETT

Committee Name: CAMPAIGN TO ELECT MIKE SHIFLETT

Treasurer Name: DANIEL ELLIS SINGER

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: DURHAM

I, MICHAEL WILLIAM SHIFLETT (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>ELLERBE WATERSHED ASSOCIATION</u>	<u>33.4 %</u>
2. <u>KIDS VOTING DURHAM</u>	<u>33.3 %</u>
3. <u>INTER NEIGHBORHOOD COUNCIL</u>	<u>33.3 %</u>

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: [Signature]

Date: 07/14/2015