

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 Christine Lee Shelton - Baker / Christine Baker for School board.		c. ID Number	
b. Mailing Address (include City, State, and Zip Code) 106 Winterberry Ridge Dr. Durham, NC 27713		d. Date Organized 2/18/10	
		e. Phone Number (919) 949-4312	
2. Candidate Information			
a. Full Name Christine Baker		c. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) 106 Winterberry Ridge Dr. Durham, NC 27713		d. Party Affiliation non-partisan	
		e. Office Sought School board (16B)	
		f. Jurisdiction	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Teresa L. Shifflett		a. Full Name Jonnie Johnson	
b. Mailing Address (include City, State, and Zip Code) 7 Old Towne Place Durham, NC 27713		b. Mailing Address (include City, State, and Zip Code) 4139 Settlement Dr. Durham, NC 27713	
c. Phone Number 451-1924	d. Email Address terri.shifflett@gmail.com	c. Phone Number 730-1280	d. Email Address jonniej@gmail.com
5. Assistant Treasurer Information		6. Account Information	
a. Full Name Anne M. Watson		a. Financial Institution Full Name Suntrust Bank	
b. Mailing Address (include City, State, and Zip Code) 21 Canary Court Durham, NC 27713		b. Purpose School board candidacy	
c. Phone Number 624-2461	d. Email Address anne.watson@suntrust.com	e. Account Code 7744898	d. Type campaign account
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.			
Teresa L. Shifflett Printed Name of Signer		Teresa L. Shifflett Signature of Appointed Treasurer	
		2-18-10 Date	



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:

Christine Baker

Treasurer Name:

Teresa L. Shifflett

Treasurer Address:

7 Old Towne Place

(include city, state, & zip)

Durham, NC 27713

Treasurer Phone:

919-451-1924

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).

2/18/10

Date Signed

Christie Baker

Signature of Candidate

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



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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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name:

Christine Baker

Committee Name:

Christine Baker for school board

Treasurer Name:

Teresa L. Shiftlet

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

Committee ID #:

Level Registered:

[State] [County] If county, specify: Durham

I, Christine Baker, hereby direct that in the event of my death or incapacity all
(Name of Candidate)

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. Hydrocephalus Association in the name of John Henry Baker - all
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:

Christine Baker

Date:

2/26/10

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