] Yes

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). ls Communicating maritimes and Full Name 1:23 Mailing Address (include City, State and Zip Code) Date Organized 110 Bluff Sch. Rd Kernersville, NC 27284 Landidate Information e. Candidate ID Number 🌼 f. Party Affiliation KCQ8G5 b. Mailing Address (include City, State, and Zip Code) g. Office Sought 710 Bluff Sch Rd Kernersville NC 27281 Phone Number d. Email Addres i. Jurisdiction Email copy of notices Literatives Interpritori a. Full Name Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) O Bluffsch Rd nersuille NCZ7289 ornersuille NC27281 Phone Number d. Email Address Phone Number d. Email Address Suiff57@ ao1.com prefer to receive notices by email Yes Email copy of notices easurer information Account distriction trouggest of the Full Name Financial Institution Full Name b. Mailing Address (include City, State, and Zip Code) c. Account Code c. Phone Number d. Email Address 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 corre

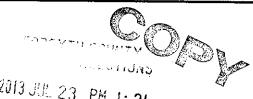


North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director



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RECEIVED

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:	Tracey Hale Shitte He
Treasurer Name:	Tracey H. Shifflette
Treasurer Address:	110 Bluff Sch Rd
(include city, state, & zip)	Kernersville, NC 27284
Treasurer Phone:	336 996 4049

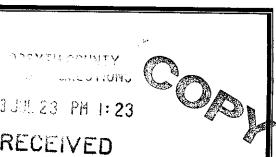
I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the 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).

<u>1-20-13</u>
Date Signed

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





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Kim Westbrook Strach Executive Director

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.

FILED BY:	
Committee Name:	Committee to Re-Elect Tracey Shift
Treasurer Name:	Tracey H. Shifflette
Treasurer Address:	10 Blyff Sch. Rel
(include city, state, & zip)	Kernersville NC 27284
Treasurer Phone:	996-4049
election cycle under the pruntil the end of the election expenditures during this el of elections and file require THIS DECLARATION CA I am withdrawing my to file the next scheduled	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect a 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 of campaign finance reports. AN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. 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 gof the current election cycle. I further agree to file all future reports required.
7-20-13 Date Signed	The Signature
N	<i>V</i>

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

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach **Executive Director**

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Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

May 2013

Candidate Designation of Committee Funds					
This form is used by car	ndidate committees only and allow	s the candidate to designate in the event of their death, ight allowable methods outlined in 163-278.16B(a).			
Candidate Name:	Tracey H.	Shiffette			
Committee Name:	Committee to Re- Elect Tracey Shiffle				
Treasurer Name:	Tracey H. Shi flette				
If Candidate is own	treasurer, designate an agent	to carry out designations: Edward A. Shiff			
Committee ID #:					
Level Registered:	[State] [County] If county,	specify: <u>Municipal-Kernersville</u>			
<u>Name</u>	permitted by N.C. Gen. State of Entity	. 163-278.16B(a). Plan for Disbursement (eg. Amount or %)			
	n \$163-278.16B(a))	10000			
2	<u> </u>	10070			
3					
By signing this form, Gen. Statute 163-278 records. Signature of Candida Date:	3.16B(a). A copy of this form	entities are eligible beneficiaries under N.C. a should be maintained with the Committee			
Note: This Designation	on is to be filed with the Election Bo	ard where the committee's campaign reports are filed.			
CRO-3900	Candidate Designation of Committee Funds May 2012				

Candidate Designation of Committee Funds