

# 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
SHAW FOR CITY COUNCIL	DEQ3XG
b. Mailing Address (include City, State, and Zip Code)	d. Date Organized
2847 HERMITAGE DR WINSTON-SALEM, NC 27103	7-15-13
	e. Phone Number
	768-7623

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
DONALD T. SHAW	DEQ3XG	REPUBLICAN (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
2847 HERMITAGE DR WINSTON-SALEM, NC 27103	COUNCIL SOUTHWEST WARD	
c. Phone Number	d. Email Address	h. Next Election Year
768-7623		
<input type="checkbox"/> Email copy of notices		i. Jurisdiction

## 3. Treasurer Information

a. Full Name
DONALD T. SHAW
b. Mailing Address (include City, State, and Zip Code)
2847 HERMITAGE DR WINSTON-SALEM, NC 27103
c. Phone Number
768-7623
d. Email Address

## 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 (Use CRO-3500)

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
PIEDMONT SHAWING	
b. Purpose	
CAMPRAIR E REPORT	
c. Account Code	d. Type
	CHECK

## 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.

DONALD T. SHAW  
Printed Name of Signer

Signature of Appointed Treasurer

7-15-13  
Date



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

FORSYTH COUNTY  
CARD OF ELECTIONS

2013 JUL 15 AM 10:48

RECEIVED

Kim Westbrook Strach  
Executive Director

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: DONALD T. SHAW  
Treasurer Name: DONALD T. SHAW  
Treasurer Address: 2847 HERMITAGE DR  
(include city, state, & zip) WINSTON-SALEM, NC 27103  
  
Treasurer Phone: 768-7673

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).

7-15-13  
Date Signed

Donald T. Shaw  
Signature of Candidate

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



COPY

FORSYTH COUNTY  
BOARD OF ELECTIONS

North Carolina 2013 JUL 15 AM 10:48  
State Board of Elections  
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Raleigh, NC 27603

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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.

#### FILED BY:

Committee Name: SHAW FOR CITY COUNCIL  
Treasurer Name: DONALD T. SHAW  
Treasurer Address: 2847 HERMITAGE DR  
(include city, state, & zip) WINSTON-SALEM, NC 27703

Treasurer Phone: 768-2623

#### 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.

1-18-13  
Date Signed

Donald T. Shaw  
Signature

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



FORSYTH COUNTY  
BOARD OF ELECTIONS

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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).

Candidate Name: DONALD T. SHAW

Committee Name: SHAW FOR CITY COUNCIL

Treasurer Name: DONALD T. SHAW

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

Committee ID #: DCG3XC

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

I, DONALD T. SHAW, 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. <u>REPUBLICAN PARTY</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: Donald T. Shaw

Date: 7-18-13

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