

# 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## 1. Committee Information

a. Full Name		c. ID Number
VOTE DON SHOOK FOR LONG VIEW ALDERMAN WARD 3		2DU268
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
131 31ST ST SW, HICKORY, NC 28602		8/1/2011
		e. Phone Number
		828-322-4918

## 2. Candidate Information

Candidate's Primary Committee

a. Full Name		e. Candidate ID Number	f. Party Affiliation
DON SHOOK		2DU268	NON-PARTISAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
131 31ST ST SW, HICKORY, NC 28602		ALDERMAN WARD 3	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-322-4918			LONG VIEW
<input type="checkbox"/> Email copy of notices			

## 3. Treasurer Information

a. Full Name	
DON SHOOK	
b. Mailing Address (include City, State, and Zip Code)	
131 31ST ST SW, HICKORY, NC 28602	
c. Phone Number	d. Email Address
828-322-4918	

## 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

Add  
 Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

## 6. Account Information (incl. CRO-3500)

Add  
 Remove

a. Financial Institution Full Name	
BB&T	
b. Purpose	
CAMPAIGN ACCOUNT	
c. Account Code	d. Type
DRS	CHECKING
<input type="checkbox"/> Email copy of notices	

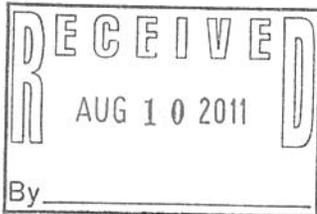
## CERTIFICATION

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.

\_\_\_\_\_  
DON SHOOK  
Printed Name of Signer

\_\_\_\_\_  
*Don Shook*  
Signature of Appointed Treasurer

\_\_\_\_\_  
8/10/2011  
Date



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

By \_\_\_\_\_  
Kimberly Westbrook-Strach  
Deputy Director - Campaign Reporting

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

**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

**FILED BY:**

Committee Name:

Treasurer Name:

Treasurer Address:  
(include city, state, & zip)

Treasurer Phone:

**This page filed with the  
State Board of Elections**

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer



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**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: DON SHOOK  
 Treasurer Name: DON SHOOK  
 Treasurer Address: 131 31<sup>ST</sup> ST SW  
 (include city, state, & zip) HICKORY, NC 28602  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 828-322-4918

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).

08/01/2011  
 Date Signed

  
 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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**Certification of Threshold**

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$1,000 in the current election cycle.

**FILED BY:**

Committee Name: Vote Don Shook for Long View Alderman Ward 3  
 Treasurer Name: Don Shook  
 Treasurer Address: 131 31<sup>st</sup> St SW  
 (include city, state, & zip) Hickory, NC 28602  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 828-322-4918

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 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.

08/10/2011  
 Date Signed

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

Candidate Name: Don Shook

Committee Name: Vote Don Shook For Long View Alderman Ward 3

Treasurer Name: Don Shook

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

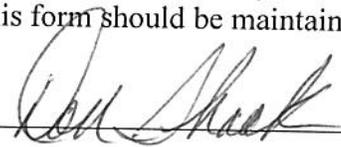
Committee ID #: 2DU268

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

I, Don Shook, hereby direct that in the event of the death or incapacity of the  
(Name of candidate or estate representative)  
 aforementioned candidate, all funds remaining in the 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Penelope Baptist Church</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 or Representative:  Date: 08/10/2011

If signed by an estate representative, indicate the date of candidate's death: \_\_\_\_\_

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