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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 SPENCER for REGISTER OF DEEDS		c. ID Number 8YY-981
b. Mailing Address (include City, State and Zip Code) PO BOX 1202, NEWTON NC 28658		d. Date Organized
		e. Phone Number 828-312-4527

2. Candidate Information Candidate's Primary Committee

a. Full Name DONNA HICKS SPENCER		e. Candidate ID Number 8YY-981	f. Party Affiliation REPUBLICAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 2925 14TH AVE NE, CONOVER, NC 28613		g. Office Sought REGISTER OF DEEDS	
c. Phone Number 828-312-4527	d. Email Address donnaspencer4rod@gmail.com	h. Next Election Year 2012	i. Jurisdiction CATAWBA CO
<input checked="" type="checkbox"/> Email copy of notices			

3. Treasurer Information Add Remove

a. Full Name DONNA HICKS SPENCER		a. Full Name DONNA HICKS SPENCER	
b. Mailing Address (include City, State, and Zip Code) 2925 14TH AVE NE, CONOVER, NC 28613		b. Mailing Address (include City, State, and Zip Code) 2925 14TH AVE NE, CONOVER, NC 28613	
c. Phone Number 828-312-4527	d. Email Address donnaspencer4rod@gmail.com	c. Phone Number 828-312-4527	d. Email Address donnaspencer4rod@gmail.com

4. Custodian of Books Information Add Remove

a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	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		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		Donald Spencer	CHECKING

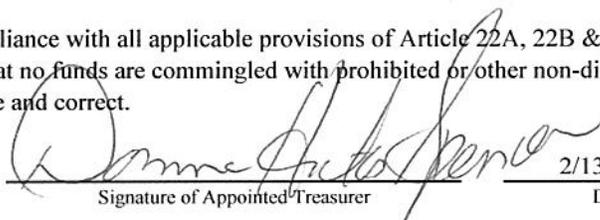
6. Account Information (incl. CRO-3500) Add Remove

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.

 DONNA HICKS SPENCER
 Printed Name of Signer


 Signature of Appointed Treasurer

2/13/2012
 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

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: _____

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 an "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 monies 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 monies.

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.

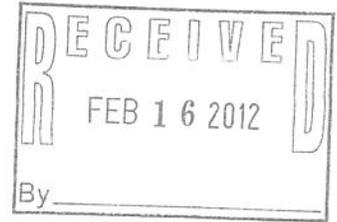
_____ Date Signed _____ Signature of Candidate or Treasurer

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: DONNA HICKS SPENCER

Treasurer Name: DONNA HICKS SPENCER

Treasurer Address: 2925 14TH AVE NE

(include city, state, & zip) CONOVER, NC 28613

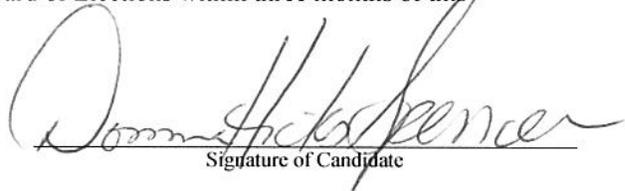
Treasurer Phone: 828-312-4527 (cell) 828-256-1300 (hm)

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).

2/13/2012

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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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: DONNA HICKS SPENCER

Committee Name: SPENCER for REGISTER of DEEDS

Treasurer Name: DONNA HICKS SPENCER

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

Committee ID #: 8YY981

Level Registered: [State] [~~County~~] If county, specify: CATAWBA

I, DONNA HICKS SPENCER, 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> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>CATAWBA CO. REPUBLICAN WOMEN</u>	<u>50%</u>
2. <u>CATAWBA CO. LEAGUE of WOMEN</u>	<u>50%</u>
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: 02/16/2012

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.