



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
Committee to Elect Donna		FHC7F9
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
7076 7th St Suff City NC 28443		7-17-17
		e. Phone Number
		919 787 2439

2. Candidate Information

Candidate's Primary Committee

a. Full Name		e. Candidate ID Number	f. Party Affiliation
Donna Thiipen		FHC7F9	Indepent
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
Same as above		Town Council	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
Same	Same	2017	Suff City
<input type="checkbox"/> Email copy of notices			

3. Treasurer Information

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

4. Custodian of Books Information

a. Full Name	
Same	
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 (incl. CRO-3500)

a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
Bank of America		
b. Purpose		
Campaign		
c. Account Code	d. Type	
Janna	Saving	

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 Thiipen
Printed Name of Signer

Donna Thiipen
Signature of Appointed Treasurer

7-17-17
Date



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

RECEIVED
 JUL 17 2014
 BY: _____

Kim Westbrook Strach
 Executive Director

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

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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Committee to Elect Donna

Treasurer Name: Donna Thigpen

Treasurer Address: 7076 7th St

(include city, state, & zip) Surf City NC 28445

Treasurer Phone: 910 787 2439

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.

7-17-14
 Date Signed

Donna Thigpen
 Signature



RECEIVED
JUL 17 2014
BY: _____

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

Kim Westbrook Strach
Executive Director

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name:

Donna Thigpen

Treasurer Name:

Donna Thigpen

Treasurer Address:

7076 7th St

(include city, state, & zip)

Surf City NC 28445

Treasurer Phone:

910 787 2439

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.

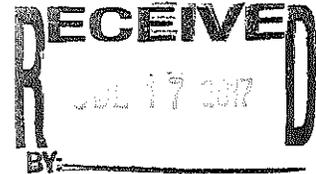
I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7-17-14
Date Signed

Donna Thigpen
Signature of Candidate



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 Raleigh, NC 27603



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 Executive Director

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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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Donna Shepper
 Committee Name: Committee to elect Donna
 Treasurer Name: Donna Shepper

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

Committee ID #: _____

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

I, Donna Shepper, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
x 1.	<u>Surt City 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: Donna Shepper

Date: 7-17-14