

Statement of Organization - Candidate Committee

Amendment
 Yes No

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).

1. Committee Information			
a. Full Name		c. ID Number	
CAMPAIGN COMMITTEE FOR SHELLA JONES			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
3715 AMISTAD LANE RALEIGH, NC 27610		7-26-11	
		e. Phone Number	
		919-274-4290	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		f. Party Affiliation	
Shelia Lucas Jones		Non-Partisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
3715 Amistad Lane Raleigh, NC 27610		RALEIGH CITY COUNCIL	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-395-0421	srj42@yahoo.com		District C
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Andrea R. Bethea			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3715 Amistad Lane Raleigh, NC 27610			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-274-4290	arbethea@hotmail.com		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		Suntrust	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		SJ	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.			
Andrea R. Bethea		Andrea R. Bethea	9-2-11
Printed Name of Signer		Signature of Appointed Treasurer	Date



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

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 SEP 2 2011
 WAKE CO. BOARD OF ELECTIONS

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

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: SHELIA JONES
 Treasurer Name: ANDREA R. BETHEA
 Treasurer Address: 3715 AMISTAD LANE
 (include city, state, & zip) RALEIGH, NC 27610

 Treasurer Phone: 919-274-4290

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).

9.2.11
 Date Signed

Shelia Jones
 Signature of Candidate

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