

COPY

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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		
Committee to Re-elect Mark Baker					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
2965 Rhanswood Dr Tobaccoville, NC 27050			6-28-13		
			e. Phone Number		
			336-969-4913		
2. Candidate Information					<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Stephen "Mark" Baker				Republican <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
Same as above		County Commissioner			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
336-969-4913	MarkBaker.L@windstream.net	2014		Forsyth	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Mark Baker					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
Same as above					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
Same	Same				
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
		Wells Fargo			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
		Campaign			
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		WFC	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.					
S. Mark Baker		S. Mark Baker		6-28-13	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

RECEIVED
 2013 JUL - 1
 PH 3:55



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RECEIVED
2013 JUL - 1 PM 3:55
MAILING ADDRESS

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
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: Stephen "Mark" Baker

Treasurer Name: Same

Treasurer Address: 2965 Rhanswood Dr
(include city, state, & zip) Tobaccoville NC 27050

Treasurer Phone: 336-969-4913

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).

6-28-13
Date Signed

S. M. Baker
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 eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Stephen "Mark" Baker

Committee Name: Committee to Re-elect Mark Baker

Treasurer Name: Mark Baker

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

Committee ID #: _____

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

I, S. Mark Baker, 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Forsyth County 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: S. Mark Baker

Date: 6-28-13

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