

Statement of Organization - Candidate Committee

COPY

Amendment
 Yes No

1. Committee Information			
a. Full Name		c. ID Number	
DONALD T. SHAW			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2847 HERMITAGE DR WINSTON SALEM, NC 27103			
		e. Phone Number	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
DONALD T. SHAW		744955	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
2847 HERMITAGE DR WINSTON SALEM, NC 27103			
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
DONALD T. SHAW			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2847 HERMITAGE DR WINSTON SALEM, N.C. 27103			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
3367447673			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
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. Code	d. Type
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
DONALD T. SHAW Printed Name of Signer		Donald T. Shaw Signature of Appointed Treasurer	07-03-05 Date

CRO-2100A

NC State Board of Elections

May 2003

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 FORSYTH COUNTY BOARD OF ELECTIONS



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

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

Certification of Treasurer

FILED BY:

Candidate Name: DONALD T. SHAW
Treasurer Name: DONALD T. SHAW
Treasurer Address: 2847 HERMITAGE DR
(include city, state, & zip) 2847 HERMITAGE DR
WINSTON SALEM, NC
27103
Treasurer Phone: 336 768 7673

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.

7-03-05
Date Signed

Donald T. Shaw
Signature of Candidate



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State Board of Elections

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Deputy Director - Campaign Reporting

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Raleigh, NC 27611-7255
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Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name: DONALD T. SHAW

Treasurer Name: DONALD T. SHAW

Treasurer Address: 2149 HERMITAGE DR

(include city, state, & zip) WINSTON-SALEM, NC 27103

Treasurer Phone: 771 768 7693

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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.

ms I am withdrawing my Certification to remain under the \$3000 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.

09-03-05
Date Signed

Donald T. Shaw
Signature



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Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: DONALD T SHAW
 Treasurer Name: DONALD T SHAW
 Treasurer Address: 2847 HERMITAGE DR
 (include city, state, & zip) WINSTON SALEM, NC
 Treasurer Phone: 27102

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 "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
2000132817	Piedmont	STATEBOARD M	XXXXXXXXXX	S
CHICKIN G				

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

07-07-05
Date Signed

Donald T Shaw
Signature of 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.)

07-07-05 DTS
Date Signed

Donald T Shaw
Signature of Candidate