Statement of Organization - Candidate Committee

PY	Amendment
- 4	Yes No

				• •
1. Committee Information				"
a. Full Name			c. ID Number	r
SKELTON BAREFOOT			60 y	RUF
b. Mailing Address (include City, State and Zip Code)			d. Date Orga	nized
1380 SOUTH LASLEY ROAD			8/2/	05
LENISVILLE, NC 27023		,	e. Phone Number	
			336.21	66-7900
2. Candidate Information	Candidate's Pi	imary Commi	ttee	
a. Fuli Name	c. Candidate ID Num	ber	d. Party Affili	iation
SHELTON BAREFOOT	60 YRZ	IF		
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought			f. Jurisdiction
LEWISVILLE, N.C. 27023	LEWISVILL			
UNNISTICE , NO A 11/AS	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information	4. Custodian of B	ooks Informa	tion	
a. Full Name	a. Full Name			
SAELTON BH REFOOT b. Mailing Address (include City, State, and Zip Code)	SHELTON	BARE	FOIT	
	b. Mailing Address (include City, State, and Zip Code)			
1380 South LASLEY RORP	1380 Sout	•		_
LEWISVILLE NC 27073 Phone Number d. Email Address	LEWIS VIL	LE NC	<u> 2712</u>	
	c. Phone Number	d. Email Addre	283	
766-7900 STAREFORTE OM, DOSAR ing. Com	766-7901			
5. Assistant Treasurer Information Add	6. Account Information (incl. CRO-3500) Add			
Full Name Remove	a. Financial Institution	Full Name	<u>.</u>	Remove
SLELTON BAREFOOT	BRANCE BA	ux + TR	UST	
. Mailing Address (include City, State, and Zip Code)	b. Purpose		<u> </u>	
1390 South LASLEY WAP				
LEWIS UILLE, NC 27123	- 0-1-	J T		
Phone Number d. Email Address	c. Code	d. Type		
14.7900		-		
ERTIFICATION				
I certify that the Committee is in compliance with all provision	one of Asticle 22 A i	naludina that	na funda ara	commingled
with funds for a federal or out-of-state PAC. I further say the				Comminged
_				
ShF) Tow BARE Foot Signer Sign	ten Bacofine ature of Appointed Treas	Z arrer	_8/2/ _D	o5
A ALLINO A CARACTER COLOR			-	

CRO-2100A

NC State Board of Elections

May 2003

RECEIVED

SUBS AUG -2 PM 12: 27

FORSYTH COUNTY FORSYTH COUNTY



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:	SELTON BAREFOOT
Treasurer Name:	SELTON PAREFOOT
Treasurer Address:	1380 South LASLEY ROAD
(include city, state, & zip)	LEWISVILLE, n.C. 27023
Treasurer Phone:	336-766-7900
he duties and responsibiliti	rmation is correct, and I, as candidate, appoint said treasurer to personally fulfill es imposed upon the appointed treasurer and subject to the penalties and I. Regulation of Election Campaigns of Chapter 163 of the North Carolina
	e Treasurer changes, it will be necessary to certify a new treasurer and amend ganization within 10 days of the vacancy.
8/2/05	shellor Backal
Date Signed	Signature of Landidate



Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Threshold

FILED BY:		•	
Committee Name:	ShELTON B.	MREFORT	
Treasurer Name:	Shelton B	AREFORT	
Treasurer Address:	1380 South 1	GILEY RIAD	
(include city, state, & zip)	LEWISVILLE	NC 27023	
Treasurer Phone:	736-266-780	10	
election cycle under the procu until the end of the election c expenditures during this elect of elections and file required THIS DECLARATION CAN	ycle for this committee. If it ion cycle, I understand that campaign finance reports.	this committee exceeds \$3 I must immediately notif	3,000 in contributions or y the appropriate board
I am withdrawing my Co ile the next scheduled report rom the beginning of the curr		penditures that have not b	een previously reported
3/2/5- Date Signed		_ shelle B	inefact.



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

Kimberly Westbrook Deputy Director - Campaign Reporting

FILED BY:

CRO-3500

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

March 2003

Confidential

Certification of Financial Account Information

Committee Name	: SALITAN	1 BAREFOL	7T	
Treasurer Name:	SHELTON	NIBBEFOR	T	
Treasurer Addres	s: <u>17<i>80 5</i>4</u>	oth LASLE	Y ROAD	
(include city, state, &	zip) <u>LEWISV</u>	SUE, NO	37033	
Treasurer Phone:		66-2900		
for the above named (Committee. These accoun	nt numbers include a	am providing all account i Il bank accounts utilized, co account used for any purp	redit card
The information provi a court of competent ju	ided would only be used f urisdiction. It will be nec	or the purposes of a essary to assign eacl	nd is not subject to public di in audit or investigation or a in account number a "code" account number is used as th	is required by in order to
	nation on required disclos account number is presum			e code ,
				Code
confidentiality of the a	account number is presum	ed to have been wai	ved.	
Type of account	Financial Institution	Address	ved.	Code 5B
Type of account Chukens By signing this statement	Financial Institution	Address CLEMMONS the State Board of E	Account Number	Code 5B
Type of account Checking By signing this statement provided. Jobs Date Signed In lieu of providing account	Financial Institution S 347 ent, I authorize agents of the second seco	Address CLEMMONS the State Board of E	Account Number	Code 5B unts
Type of account Checking By signing this statement provided. Jobs Date Signed In lieu of providing account	Financial Institution Ship Ship Ship Ship Ship Ship Ship Ship	Address CLEMMONS the State Board of E	Account Number Account Number Account Number Account Number Account Number Backet Signature of Treasurer	Code 5B unts

Certification of Financial Account Information