



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

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

Denise D. Adams			
Shemeka R. Lee			
898 Hartings Hill Rd.	Marc ins,	2009	ф —
Kernersville, NC 27284			
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(336) 624-7910		<i>‡</i> .	روانتها محاله ا المصدة المحالة المحال المحالة
		40	苏
	Shemeka R. Lee 898 Havings Hill Rd. Kernersille, NC 27284	Shemeka R. Lee 898 Havings Hill Rd. Kernersille, NC 27284	Shemeka R. Lee 898 Havings Hill Rd. Kernersülle, NC 27284 To R

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).

6-12-09 Date Signed

Signature of Candidate

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

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 CPO 3100 and CPO 3500

Amendment □ No ☐ Yes

This form must be accompanied by forms CRO-3100 and CR	(U-3300.			
1. Committee Information a. Full Name			TO Mumban	
			c. ID Number	
Campaign for D.D. Adar	J.			· <u> </u>
b. Mailing Address (include City, State and Zip Code)			d. Date Organize	đ
P.O. Box 21632			6-12-0	39
Winston-Salem, NC 27	120-163	32	e. Phone Number	
			336-345	-2153
2. Candidate Information	Candidate's Pri	mary Committe	ee	
a. Full Name	c. Candidate ID Numb		i. Party Affiliatio	11
Denise DARCEL Adams			Demo	crat
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought			urisdiction
3dol Marlowe Avre	City Co	1000:1-	-	
Winston-Salem, MC	Mosth 1	WARD		
)	(If office sought is	nonpartisan, v	write "Nonpart	isan" in [d]
27106		Party Affilia	tion.)	
3. Treasurer Information	4. Custodian of Bo	oks Informati	ion .	7.0
a. Full Name	a. Full Name			
Shemeka Renee Lee		The second second second	7	E 38
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	clude City, State,	and Zip Ofde)	(2)
898 Hartings Hill Rd.			course.	~
Kernershile, HC 27284			< m	3
c. Phone Number d. Email Address	c. Phone Number	d. Email Addres	s '	2 5
336-624-7910 Mcka76@hotmail.com				2 5
Add Pall Name	6. Account Inform		A Company of the Comp	Add
i. Full Name	a. Financial Institution	Full Name		Remove
· ·	Wacharia			
o. Mailing Address (include City, State, and Zip Code)	b. Purpose			
	Campaign	n finar	nce	<u></u>
. Phone Number d. Email Address		d. Type		
	WACH	Chec	ring	
CERTIFICATION	VOACE.			
I certify that the Committee or Fund is in compliance with al	l applicable provisio	ns of Article 2	2A. 22B & 22I	D-22M of
Chapter 163 of the NC General Statutes and that no funds are	e commingled with p	prohibited or ot	ther non-disclo	sed funds. I
further certify that this report is complete, true and correct.	-			
Shemeka Lee Bhe	meke de	٠	15 - 12	2-09
Printed Name of Signer Sign	ature of Appointed Treas	urer	Date	
				!



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506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FILED BY:

Fax: (919) (715

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

· · · · · · · · ·	
Committee Name:	Campaign G- D.D. Adams
Treasurer Name:	Shemeka Lcc
Treasurer Address:	898 Hastings Hill Rd.
(include city, state, & zip)	Kernerville, NC 27284
Treasurer Phone:	336-124-791-

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

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Wachevia	100 North Main 5 W-5 NC 27101	t	WACH
By signing this star provided. L-12-0 Date Signed		s of the State Board of Elect	tions to inspect all accounts Leveline de Signature of Candidate or Treasurer	
In lieu of providing except for the filing	g account information, I og fee. (Only candidates m	ertify that this committee way choose this option.)	ill not raise or spend any mon	ey
Date Signed	-	<u>+</u>	Signature of Candidate or Treasurer	260



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Kimberly Westbrook-Strach Deputy Director - Campaign Reporting Mailing Address
PO Box 2555
PO Box 2555
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-3047

Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:	
Committee Name:	Campaign for D.D. Adams
Treasurer Name:	Campaign for D.D. Adams Shemeka Lee
Treasurer Address:	898 Hastings Hill Rd.
(include city, state, & zip)	Kernersille, NC 27284
Treasurer Phone:	336-624-7910
until the end of the election of expenditures during this election of elections and file required of elections and file required THIS DECLARATION CAN I am withdrawing my Countil file the next scheduled report	ittee intends to neither receive nor expend more than \$3,000 during the current reduces set forth in G.S. 163-278.10A. This certification will remain in effect receive for this committee. If this committee exceeds \$3,000 in contributions or tion cycle, I understand that I must immediately notify the appropriate board campaign finance reports. ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain under the \$3000 threshold. I will now be required to for all contributions and expenditures that have not been previously reported tent election cycle. I further agree to file all future reports required.
6 - 12 - 09 Date Signed	Memela de
Date Signed	Signature
Note: This Cortification is 4- 1	CT 1 4 4 Th Th

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