

# Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Tommy BAKER SWSD		3K1CBF	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
600 FOXWOOD DRIVE, GOLDSBORO NC 27530		7/9/21	
c. Committee Website (Optional)		f. Phone Number	
		919-738-1396	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Tommy Allen Baker		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
600 FOXWOOD DR GOLDSBORO, NC 27530		SOUTHERN WAYNE SANITARY DIST BOARD MEMBER UNEXPIRED	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-738-1396	tbaker1502@gmail.com	2021	SO Wayne Sanitary Dist.
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Tommy Allen Baker			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
600 FOXWOOD DR. GOLDSBORO, NC 27530		WAYNE CO OF ELECTIONS JUL 16 2021	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-738-1396	tbaker1502@gmail.com		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p> <u>Tommy Allen Baker</u>      <u>[Signature]</u>      <u>7-16-21</u>              Printed Name of Treasurer      Signature of Appointed Treasurer      Date         </p> <p>             I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.         </p> <p> <u>Tommy Allen Baker</u>      <u>[Signature]</u>      <u>7/16/21</u>              Printed Name of Candidate      Signature of Candidate      Date         </p>			



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

#### FILED BY:

Committee Name: Tommy Baker SWSD  
Treasurer Name: Tommy Baker  
Treasurer Address: 600 Foxwood Dr.  
(include city, state, & zip) Coldsboro, NC 27530

Treasurer Phone: 919-738-1396

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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.

☐ I am withdrawing my Certification to remain at or under the \$1,000 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.

7-16-21

Date Signed

[Signature]  
Signature

