



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 to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

FILED BY:

Committee Name:

Sorrell for School Board

Treasurer Name:

Sheri V. DeBruler

Treasurer Address:

(include city, state, & zip)

Burlington, NC 27217

Treasurer Phone:

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

2/27/14
Date Signed

Heather Sonell
Signature

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

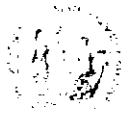
Statement of Organization - Candidate Committee

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	
Sorrell for School Board			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2211 Edgewood Ave. Burlington, NC 27215		2/27/14	
		e. Phone Number	
		336/585-1170	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Heather N. Sorrell			Non Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
2729 Bedford St. Burlington, NC 27215		School Board	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336/585-1170	hnsgardens2002@yahoo.com	2014	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Sheri V. DeBruler			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3819 Union Ridge Rd. Burlington NC 27217			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336/214-6453	phar8491@bellsouth.net		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		Truliant Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	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.			
Sheri V. DeBruler		Sheri V. DeBruler	
Printed Name of Signer		Signature of Appointed Treasurer	
		3/11/14	
		Date	



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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.

FILED BY:

Committee Name: Sorrell for School Board

Treasurer Name: Sheri DeBruiler

Treasurer Address: 3819 Union Ridge Rd.
(include city, state, & zip) Burlington NC 27217

Treasurer Phone: 336/214-6453

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.

2/27/14
Date Signed

Heather Sorrell
Signature

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: Heather Sorrell

Committee Name: Sorrell for School Board

Treasurer Name: Sheri DeBruler

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

Committee ID #: _____

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

I, Heather Sorrell, 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> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Humane Society of Alamance</u>	<u>50%</u>
2. <u>Hospice League of Alamance</u>	<u>50%</u>
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: Heather Sorrell

Date: 3/13/14

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