

## Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> ID Number
Dawn Short for Clerk of Court	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
486 Hwy 274, Vale NC 28168	9-25-25
c. Committee Website (Optional)	f. Phone Number
	704-240-0496

<b>2. Candidate Information</b>	
a. Full Name	e. Party Affiliation
Dawn Walker Short	Republican
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
486 Highway 274 Vale NC 28168	Clerk of Superior Court
c. Phone Number	d. Email Address
704-240-0496	dshort39@icloud.com
<input checked="" type="checkbox"/> Email copy of report notices	

<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name	b. Mailing Address (include City, State and Zip Code)	a. Full Name	b. Mailing Address (include City, State and Zip Code)
Taylor Short Huff	486 Highway 274 Vale NC 28168	Dawn Walker Short	486 Highway 274 Vale NC 28168
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-240-0627	shorttn17@gmail.com	704-240-0496	dshort39@icloud.com
<input checked="" type="checkbox"/> Send report notices by email		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Email copy of report notices			

<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name	b. Financial Institution Full Name		
Dawn Walker Short	First Federal Saving Bank		
b. Mailing Address (include City, State, and Zip Code)	320 East Main St		
486 Highway 274 Vale NC 28168	Lincolnton NC 28092		
c. Phone Number	d. Email Address		
704-240-0496	dshort39@gmail.com		
<input checked="" type="checkbox"/> Email copy of report notices		b. Account Code	c. Type
		Five5	Checking

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.

Taylor Short Huff

Printed Name of Treasurer

Dawn Walker Short

Signature of Appointed Treasurer

9-25-2025

Date

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.

Dawn Walker Short

Printed Name of Candidate

Dawn Walker Short

Signature of Candidate

9-25-25

Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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).

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

Candidate Name: Dawn Walker Short  
 Committee Name: Dawn Short for Clerk of Court  
 Treasurer Name: Taylor Huff

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

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: Clerk of Court

I, Dawn Short, 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>Mount Vernon Baptist Church</u>	<u>100%</u>
2. _____	_____
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: Dawn Short  
 Date: 9-25-25

**Disclosure Report Cover**

Yes

No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

<b>1. Committee Information</b>				
<b>a. Full Name</b>		<b>c. ID Number</b>		
Dawn Walker Short				
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Filed</b>		
486 Highway 274 Vale NC 28168		9-29-25		
		<b>e. Phone Number</b>		
		704-240-0496		
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>	
2025			Taylor Short Huff	
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report</b> (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		<input type="checkbox"/> State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly  <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		<b>10. Special Report Name</b>		
<b>7. Type of Fund</b> (if applicable, check one)				
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund  Other:				
<b>8. Number of Fundraisers this Report</b>				

<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
First Federal Savings Bank			
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
	Five5		
<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>	
\$ 1,000.00		\$	

**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 and that I have been trained by the NC State Board of Elections.

*Taylor Short Huff*

Printed Name of Signer

*Taylor Short Huff*

Signature of Appointed Treasurer

*9/21/2025*

Date

**FOR OFFICE USE ONLY**

Date Received:

*Sept 29<sup>th</sup>*

Employee:

*J. D.*

**Delivery Method**

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received  
mandatory training

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

## Detailed Summary

Amendment
Yes

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Dawn Short for Clerk of Court	Organizational	
<b>Start of Election Cycle: January 1, _____</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>	<b>\$ 1000.00</b>	<b>1000.00</b>
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$	\$
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 1000.00	\$ 1000.00
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$	\$
9) Loan Proceeds <i>(CRO-1410)</i>	\$	\$
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>	\$	\$
<b>11) Other Receipt Sources</b>		
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$	\$
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>	\$	\$
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$	\$
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>	<b>\$ 1000.00</b>	<b>\$ 1000.00</b>
<b>EXPENDITURES</b>		
<b>13) Disbursements</b>		
13a) Operating Expenditures <i>(CRO-1310)</i>	\$	\$
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$	\$
15) Loan Repayments <i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions <i>(CRO-1510)</i>	\$	\$
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>	<b>\$</b>	<b>\$</b>

19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>	\$	\$	SEP 29 2025 AM 11:06
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$	
21) Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	<i>(CRO-1610)</i>	\$	
23) Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$	
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$	
25) Administrative Support	<i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans	<i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum	<i>(CRO-2220)</i>	\$	\$
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$	\$

*CRO-1100*

NC State Board of Elections

August 2008

Amendment

Yes

No

## Contributions from Individuals

Pg \_\_\_\_\_ of \_\_\_\_\_

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Dawn Short for Clerk of Court					
3. Contributor Information		Add	Remove		
a. Full Name, Mailing Address & Phone  (include city, state, & zip)		b. Job Title/Profession	d. Comments		
486 Highway 274  Vale NC 28168		Deputy Clerk			
		c. Employer's Name/Specific Field	e. Election Sum to Date		
		Caldwell County			
		Clerk of Court			
			\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
		Cash		09/25/2025	\$ 1000.00
					\$
					\$
3. Contributor Information		Add	Remove		
a. Full Name, Mailing Address & Phone  (include city, state, & zip)		b. Job Title/Profession	d. Comments		
		c. Employer's Name/Specific Field	e. Election Sum to Date		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
					\$
					\$

						\$	
<b>3. Contributor Information</b>						<b>Add</b>	<b>Remove</b>
<b>a. Full Name, Mailing Address &amp; Phone</b>  (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
			<b>c. Employer's Name/Specific Field</b>				
					<b>e. Election Sum to Date</b>		
					\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	\$	
						\$	
						\$	
						\$	
<b>4. Total only this Page</b>						\$	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$	1000.00