

Yes	☐ No

Statement of Organization - Candidate Committee

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ages is the state of the state of the	
a. Full Name	LAUG S PH	• 19 ID Number	
Kenneth Ray Ch b. Mailing Address (include City, State and Zip Code)		1 00 10 10 1	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
513 N main St		8-10-2017	
Kernersoille No	2	e. Phone Number	
27284		336-25/-252	
2. Candidate Information	Candid	late's Primary Committee	
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
Kenneth Ray crews	8009+2	(Indicate Non-partican if applicable)	
h, Mailing Address (include City, State, and Zip Code)	g. Office Sought	er establishe a dage a straway in the	
513 Nm oin St 24284 Kenner Svillene. c. Phone Number d. Email Address	f ce/Der m h. Next Election Year	# IL	
c. Phone Number d. Email Address	h. Next Election Year	i. Jurisdiction	
336.251.2528 X C rews Da vation Email copy of notices	•		
	4. Custodian of Books Info	 	
3, Treasurer Information a, Full Name	a, Full Name	n manon Pradica venusamera merabaas shukkepikandar.	
Kenneth Ray Onews	Kenneth R	eye rews	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City,	State, and Zip Code)	
513N main St	5/31 main 5	/	
Kennersville no 3484	NE	<i>87284</i>	
c. Phone Number d. Email Address	c. Phone Number d Email	Address	
362572528 Karews @ cnews.	336-251-2528 KAN	2 2 5 0	
00000 00 m	Trea	us auetion.	
	Email copy of notice	and the second s	
5. Assistant Treasurer Information: a. Full Name Remove.	 Account Information Financial Institution Full Name 		
	a, , marcar fishteeton , dr , an		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
c. Phone Number d. Email Address	c. Account Code d. Type	ner filosoficio de la companio de l Companio de la companio de la compa	
		The state of the s	
☐ Email copy of notices			
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.			
Kerner sville NE. Jenne	L R Ry Cucur nature of Appointed Treasurer	N 8 -10-2013 Date	





FORSYTH COUNTY TO ARD OF ELECTIONS

2013 AUG 13 PM 1: 13

Kim WRATICATE WAELD

Executive Director

North Carolina State Board of Elections 441 N Harrington Street Raleigh, NC 27603

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

FILED BY:	
Candidate Name:	Temy Crew
Treasurer Name:	Len Crem
Treasurer Address:	5/3 N main St Kernersvill
(include city, state, & zip)	27284
Treasurer Phone:	336-251-2528

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).

8-102013

Kannett & Second Signature of Candidate

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





2013 AUG 13 PM 1: North Carolina

RECEIVED 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

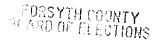
Certification of Threshold

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:	Kenneth Rey Onews
Treasurer Name:	Kenneth Ray Onews
Treasurer Address:	5/3 W main st Kenners ville 27284
(include city, state, & zip)	
·	
Treasurer Phone:	3.36. 25/-2528
election cycle under the pro- until the end of the election expenditures during this el- of elections and file require THIS DECLARATION CA	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$1,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board d campaign finance reports. NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously g of the current election cycle. I further agree to file all future reports required.
Topottou nom mo oogming	
8 - 10 - 2013 Date Signed	Signature Signature

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







2013 AUG 13 PM 1: 13

State Board of Elections

RECEIVED

Kim Westbrook Strach Executive Director

441 N Harrington Street Raleigh, NC 27603

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

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

FILED BY:	
Committee Name:	Kenny Cram
Treasurer Name:	Very Crew
Treasurer Address:	
(include city, state, & zip)	Jerrosille N.C. 5/3 N noinst
Treasurer Phone:	27284 336.251.2528

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 is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on 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
1.		·		

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

8-1020/3 Date Signed

For Candidate Committees Only

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

8-10-2017 Date Signed

CRO-3500

Certification of Financial Account Information

May 2013



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

Additional account numbers:

Type of Account	Financial Institution	Address	Account Number	Account Code
Type of Account	1,000			
A STATE OF THE STA	,			
	·			

8 -10 - 2013 Date Signed

Signature of Candidate or Treasurer