		Amendment
Statement of Organization - Candidate Co	ommittee 💛	□ Yes 🗓 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	O-3500 (when amending, onl	y re-submit if applicable).
L. Communes Information		c ID Number
	n 'U.	2CQ31Y
10110010 101 30000	Committee	V
b. Malling Address (include City, State and Zip Code)	Same and the second second	d. Date Organized
8519 Brook Meadan LN		7/15/13
Lewisonle, NC 27023		e. Phone Number
ĺ		(336)945-4439
		ates Bismary Committee 2
2 Cantidate information # 5 page 1	e Candidate ID Number	f. Party Affiliation
	0000011	N/m Partical
Kenneth M. Cken) Sadles	JC 437Y	(Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
b. Mailing Address (include City, State, and Zip Code) 8519 Brook Meddow M Lewis Ville, NC 27023	Councilm	aN
c. Phone Number d. Email Address	h. Next Election Year	i. Jurisdiction
(336) 945 4499 Kesad 122 20 001. Com	2013	LEWISH Ke
Email copy of notices		
3. Lucisures Information 2.	4. Costodian of Books Info	enaion III - T. A. C. C.
a. Full Name	a. Full Name	
Kenneth M. Sadler	Kenneth M	. Sadler
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City.	State, and Zip Code)
SAME AS Above	Same Az	above
c. Phone Number d. Email Address	c. Phone Number d. Email	
Same As Above	Some As a	chove
I prefer to receive notices by email Yes No	☑ Email copy of notice	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER
S. Assistant Dreasurer Lin omiation 1992	6. Account in Geneticon & a. Financial Institution Full Nam	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a. Full Name	a. Pinanciai Institution Puli Nam	

S. Assisfaut Licenspect Information

a. Full Name

Number

D. Mailing Address (include City; State; and Zip Code)

S. Assisfaut Licenspect Science Information

Remover of Account Information

Phone Number d. Email Address c. Account Code d. Type

BOA Checking ...

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

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.

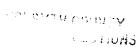
I further certify that this report is complete, true and correct.

Printed Name of Signer Signature of Appointed Treasurer

7-18-13

Date







North Carolina 2013 MM 23 PM 1: 18

State Board of Election 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 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:	La Carlo la
Candidate Name:	Kenneth M. (Ken) Sadlar
Treasurer Name:	Kenneth M. Sadler
Treasurer Address:	8519 Brook Mencon LN
(include city, state, & zip)	Lewisuke NC 27023
Treasurer Phone:	(336) 945,4429
Treasurer r mone.	

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).

Signature of Candidate

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





North Carolina 2013 JUL 23 PM 1:19

State Board of Elections

441 N Harrington Street Raleigh, NC 27603 RECEIVED

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

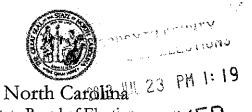
Certification of Threshold

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:	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Committee Name:	Kenneth, M. (Ken) Sucker Committee
Treasurer Name:	Kenneth M. Clen Sadler Committee Kenneth M. Sadler
Treasurer Address:	8519 Brook Newdor Lone Leurson le Ne 27023
(include city, state, & zip)	Leurson le Ne 27023
Treasurer Phone:	(336) 945.4439
election cycle under the pro- until the end of the election expenditures during this ele- of elections and file required THIS DECLARATION CAI	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board I campaign finance reports. N ONLY 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 of the current election cycle. I further agree to file all future reports required.
7-15-13	14 Den
Date Signed	Signature

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





State Board of Elections CEIVED
441 N Harrington StreeRECEIVED Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY:

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

Committee Name: Treasurer Name: Control M. Sader Committee	Treasurer Address: (include city, state, & zip) Treasurer Phone: 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 commingte those funds with any other moneys. Type of account Financial Institution Address Account Number Account Code By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. The 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 campaging expenditures. By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts. Signature of Candidate or Treasurer Signature of Candidate or Treasurer		FILED D1.		1	٠ . •	1.	11
Treasurer Address: (include city, state, & zip) Lew Worlde. NC 27023 Treasurer Phone: Lew By 4436 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 By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. Date Signed Signature of Candidate or Treasurer 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.	Treasurer Address: (include city, state, & zip) Low Sullo NC 27023 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 Signature of Candidate or Treasurer 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. By signing this statement, I authorize agents of the State Board of Elections to Inspect applicable accounts. Law Lew Lew Lew Lew Lew Leve Leve Leve Lev		Committee Nam	ne: <u>Kenn</u>	oth M		der Comm	vittee
Treasurer Phone: C36 945 443 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 By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. Date Signed Signature of Candidate or Treasurer 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.	Treasurer Phone: Committee Committee		Treasurer Name	: Kon	neth	M. Sadle	1	
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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.	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. By signing this statement, I authorize agents of the State Board of Elections to dispect applicable accounts. Date Signed Signature of Candidate or Treasurer	the p	olitical committee a	and shall not commingle	those funds w	rith any other mone	/\$.	
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2	CRO-3500 Certification of Financial Account Information May 2013	the p	Date Signed For Candidate Co In lieu of providing except that which warrant the probe of By signing this state 7 //5 //3	tement, I authorize agen committees Only g account information, I is the candidate's person	those funds w Address ts of the State certify that thi onal funds. I foount that is be	Board of Elections Sign Sign Sign Sign Surthermore understance used for campa Board of Elections	Account Number to inspect all accounts ture of Candidate or Treasurable raise any money nor and that an audit or in ign expenditures.	provided. spend any money avestigation could accounts.