

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name

SARAH W. WELCH

c. ID Number

RPYV54

b. Mailing Address (include City, State and Zip Code)

4740 NEW WALKERTOWN RD.
WALKERTOWN, NC 27051

d. Date Organized

8/11/03

e. Phone Number

336-595-8148

2. Candidate Information

☐ Primary Candidate Committee

a. Full Name

SARAH W. WELCH

b. Candidate ID Number

RPYV5R

c. Office Sought

COUNCILMAN

d. District/County/Municipality

WALKERTOWN NC

e. Party Affiliation

NONPARTISAN

(If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.)

3. Treasurer Information

a. Full Name

SARAH W. WELCH

b. Mailing Address (include City, State, and Zip Code)

4740 NEW WALKERTOWN RD
WALKERTOWN, NC 27051

c. Phone Number

336-595-8148

d. Email Address

NONE

4. Custodian of Books Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

NONE

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name

b. Purpose

c. Code

d. Type

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

SARAH W. WELCH
Printed Name of Signer

Sarah W. Welch
Signature of Appointed Treasurer

8/11/03
Date



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

Kimberly Westbrook
Deputy Director - Campaign Reporting

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

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name:

SARAH W. WELCH

Treasurer Name:

SARAH W. WELCH

Treasurer Address:

4740 New WALKERTOWN Rd

(include city, state, & zip)

WALKERTOWN, NC 27057

Treasurer Phone:

(336) 595-8148

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 would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
None CHK	Piedmont AVIACR	W Liberty St Winston-Salem NC	[REDACTED]	[REDACTED]

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

8/11/13
Date Signed

Sarah W. Welch
Signature of Treasurer



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Certification of Treasurer

FILED BY:

Candidate Name:

SARAH W. WELCH

Treasurer Name:

SARAH W. WELCH

Treasurer Address:

4740 NEW WALKERTOWN RD

(include city, state, & zip)

WALKERTOWN, NC 27051

Treasurer Phone:

(336) 595-8148

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.

8/11/03
Date Signed

Sarah W. Welch
Signature of Candidate



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Certification of Threshold

FILED BY:

Committee Name:

SARAH W. WELCH

Treasurer Name:

SARAH W. WELCH

Treasurer Address:

4740 NEW WALKERTOWN Rd

(include city, state, & zip)

WALKERTOWN, NC 27051

Treasurer Phone:

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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.

☐ I am withdrawing my Certification to remain under the \$3000 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.

8/11/03

Date Signed

Sarah W. Welch

Signature



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Certification to Close Committee

FILED BY:

Committee Name: NONE
Treasurer Name: SARAH W. WELCH
Treasurer Address: 4740 New WALKERTOWN Rd.
(include city, state, & zip) WALKERTOWN, NC 27051

Treasurer Phone: 336-595-8148

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

11/7/03
Date Signed

Sarah W. Welch
Signature