Amendment **Statement of Organization - Candidate Committee** ☐ Yes ☐ No . Committee Information . Full Name c. ID Number Ken Kaymond Flection Committee b. Mailing Address (include City, State and Zip Code) 20-1923243 d. Date Organized P.O. Box 17125 11-26-2004 Winston-Salem, NC 27116 2. Candidate Information ☐ Candidate's Primary Committee a. Full Name c. Candidate ID Number d. Party Affiliation Cen Kaymond b. Mailing Address (include City, State, and Zip Code) e. Office Sought Northwes 2810 Pelhem Place Apt. C Winston-Salem, NC 27106 Wara (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.) 4. Custodian of Books Information 3. Treasurer Information Full Name a. Full Name John Davenport Ken Kay Mond b. Mailing Address (include City, State, and Zip Code) 2310 Pelham Place Apr. C Winston-Salem, NC 27106 b. Mailing Address (include City, State, and Zip Code) 2441 Kinssgate Dr. Winston-Salem, NC 27101 . Phone Number d. Email Address c. Phone Number d. Email Address 722-1737 722-6969 (incl. CRO-3500) 5. Assistant Treasurer Information Add 6. Account Information a. Full Name Remove a. Financial Institution Full Name Remove Ken Kaymond b. Mailing Address (include City, State, and Zip Code) 2810 Pelham Place Apt. C b. Purpose Winston-Salem, Ne 27106 Phone Number d. Email Address c. Code d. Type 722-1737

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.

John M Davengraf Jr.
Printed Name of Signer

Signature of Appointed Treasurer

5-9-2005

Date

CRO-2100A

NC State Board of Elections

May 2003







Kimberly Westbrook Deputy Director – Campaign Reporting

FILED BY:

Committee Name:

Treasurer Name:

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

Confidential

Certification of Financial Account Information

ay mond Election Committee

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I certify that the information provided below is true and accurate. I am providing all account informat for the above named Committee. These account numbers include all bank accounts utilized, credit car 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 a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order 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 Community Checkias BB & T 160 S-Stratford Code Signature of Candidate or Treasurer The information providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)	Treasurer Addres	s: <u>2441</u>	Lings Sate Di	r,	
I certify that the information provided below is true and accurate. I am providing all account informat for the above named Committee. These account numbers include all bank accounts utilized, credit car 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 a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order 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 confidentiality of the account number is presumed to have been waived. By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. Signature of Candidate or Treasurer In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)	(include city, state, &	zip) Winstor	r Salem, NC Z	27/01	
I certify that the information provided below is true and accurate. I am providing all account informat for the above named Committee. These account numbers include all bank accounts utilized, credit car 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 a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order 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 Sy signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. Type of providing account information, I certify that this committee will not raise or spend any money accept for the filing fee. (Only candidates may choose this option.)	Treasurer Phone:	722-1	6969		
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By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts rovided. Separate of Candidate or Treasurer The lieu of providing account information, I certify that this committee will not raise or spend any money accept for the filing fee. (Only candidates may choose this option.)	The information prov a court of competent j provide account infor	ided would only be used urisdiction. It will be ne mation on required disclo	for the purposes of an aud cessary to assign each account osure reports. If an account	it or investigation or a code'	as required in order t
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts rovided. Continued of Candidate of Candidat	Type of account	Financial Institution	Address	Account Number	Code
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. Service of Candidate or Treasurer I lieu of providing account information, I certify that this committee will not raise or spend any money accept for the filing fee. (Only candidates may choose this option.)	mmunit Checkins	BBET	110 S. Stratford Rd		BETI
Date Signed Signature of Candidate or Treasurer I lieu of providing account information, I certify that this committee will not raise or spend any money accept for the filing fee. (Only candidates may choose this option.)					
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RO-3500 Certification of Financial Account Information October 2					



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

Certification of Treasurer

FILED BY:		
Candidate Name:	Ken Kaymond	
Treasurer Name:	John Davenport	
Treasurer Address:	2441 Kingsgate Drive	
(include city, state, & zip)	Winston-Salem, NC 27/01	2 1
Treasurer Phone:	336-722-6969	
the duties and responsibilitie	mation is correct, and I, as candidate, appoint said treasurer to person imposed upon the appointed treasurer and subject to the penaltic. Regulation of Election Campaigns of Chapter 163 of the North Company of Chapter 163 of the North Cha	es and
	Treasurer changes, it will be necessary to certify a new treasurer	and amend
	ganization within 10 days of the vacancy.	ana amona
	Fen towns	
Date Signed	Algnature of Candidate	