Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3866. IIII 22

Amendment X No ☐ Yes

This form must be a	ccompanied by forms CRO-3100 and CR	O-\$909.][[[_	<u>// 88 0.00</u>		nega iga garang ang ka		
1. Committee Infor	mation			In ID November			
a. Full Name		- REC	ĽWFN	c. ID Number			
	M. Sadler		CC94UT				
	lude City, State and Zip Code)			d. Date Organ	iized		
8519 Br	ook Meadow LN			7/16/09			
LOWISIO	lle NC 27023	¥		e. Phone Number			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Newton Control of the			(336) 499-447/			
2. Candidate Infor	mation	Candidate	e's Primary Comm				
a. Full Name		c. Candidate ID	Number	d, Party Affili	ation		
Kenneth	M. Sadler			Demo	En STANCE OF CONTRACTOR AND A STANCE.		
b. Mailing Address (inc	lude City, State, and Zip Code)	e. Office Sought		Strings and the strings	f. Jurisdiction		
8519 Brok Meadow LN		Town	Council	2	Forsyth		
Leursvil	lle NC	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)					
3. Treasurer Infor	motion	4 Custodian	of Books Inforn				
a. Full Name		a. Full Name					
22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	M. Sadle/	Kenn	eth M.S	Zedler			
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)					
8519 Brook Meadow La		8519 Brook Meaden to					
Lewisvil	Le NC 27023 [d. Email Address	heurstrille NC 27023					
c. Phone Number	d. Email Address	c. Phone Numbe	er d. Email Ad	dress			
(32) 49 4471	Kesad 122 Dool com	499-71		122 Da	and the second s		
5. Assistant Treasu	rer Information Add		nformation (in	cl. CRO-3500)			
a. Full Name	Remove	a. Financial Ins	titution Full Name		Remove		
Ν	one	BB	T				
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Purpose					
c. Phone Number	d. Email Address	c. Account Code	е d. Туре				
		BBST	- Cha	eking	·		
CERTIFICATION					rikan mengan di kecamatan di ke		
I certify that the C	committee or Fund is in compliance with	all applicable p	rovisions of Artic	le 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.							
Kenneth Mannin Sadler Yanneth Electron 7-16-09 Printed Name of Signer Signature of Appointed Treasurer Date							
Printe	ed Name of Signer Si	gnature of Appoint	teu i reasurer		Date		



North Carolina

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

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting FORSYTH BOY'S BOARD OF THE STRINGS

2009 JUL 22 AM 9: 29

RECEIVED

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:	V M · · · · · · · · · · ·	
Candidate Name:	Kenneth M. Sudler	
Treasurer Name:	Kenneth M. Sadle/	
Treasurer Address:	85 19 Brook Meadow Lo	
(include city, state, & zip)	Lewisurlle, NC 27023	
	,	
Treasurer Phone:	(336) 499-4471	
T. T. D.		

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).

7-/6-09 Date Signed

Signature of Candidate

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



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FILED BY:

Committee Name: Treasurer Name:

Treasurer Address: (include city, state, & zip)

Treasurer Phone:

HORSY CHILL WIY

2009 JUL 22 AM 9: 29

RECEIVED

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

the above named Commoney market or saving	nation provided below is mittee. These account nags accounts, or any other	umbers include all t er financial account	used for any purp	ose by the Committee	е.
information provided court of competent jurito provide account info	ded on this form is cons would only be used for isdiction. It will be nece formation on required di- of the account number is	essary to assign each sclosure reports. If s presumed to have	account number an account numb been waived.	a "account code" in er is used as the "ac	order
	aintain all moneys of the	a political committe	e in a bank accor	unt or bank accounts y other moneys.	s used
Type of account	Financial Institution	Address		Account Number	Account Code
Checking	BBIT	HOO SOST	3 5 5 27102		BB/T
provided. 716 09 Date Signed	ement, I authorize agents account information, I of	certify that this com	Signature of mittee will not rai	of Candidate or Treasurer	еу
Date Signed				of Candidate or Treasurer	
CRO-3500	Certification	of Financial Accou	nt Information	Augu	st 2008