## Statement of Organization - Candidate Committee

Amendment	
☐ Yes	XN₀

2014 MAR -6

REGEN

Use this form to create a new or update an existing candidate	committee.	lina only re	-cubmit if annlicable)	
This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only the			3-Subiliti il applicable).	
1/Committee Information			c. ID Number	
Committee to Elect Ko	therine	Fansle	<u>r                                      </u>	
b. Mailing Address (include City, State and Zip Code)			d. Date Organized	
· 405 Swann Road			2-24-14	
			e. Phone Number	
Statesville, NC 28625			704-437-3777	
2. Candidate Information			Primary Committee	
a. Full Name	e. Candidate ID Numbe	r	f. Party Affiliation	
Katherine Fansler	DCQ3K6		Democratic (Indicate Non-partican if applicable)	
	g. Office Sought	<u> </u>	(mutcate 1408-particul it application)	
b. Mailing Address (include City, State, and Zip Code)		ر غن و لدست	ation- A+-Large	
1045 Wendover Circle	Board of	Eauc	thon- At-Luige	
Winston Salem, NC 27104	h. Next Election Year	li. Je	risdiction	
c. Phone Number d. Email Address				
336-473-182 Kathie. fansler @ gmail	com 201	4		
Email copy of notices	4. Custodian of Ro	oks Inform	ation	
3. Treasurer Information a. Full Name	4. Custodian of Books Information			
		· ·		
Sandra Brewer				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)			
405 Swann Rd				
Statesville NC 28625				
c. Phone Number d. Email Address	c. Phone Number	d. Email Add	ress	
704- 437-3777 Sandy@breweremail.	com			
presente receste messes 2)	Email copy of		LCRO-3500)	
5. Assistant Treasurer Information Add	6: Account Information (incl-CRO-3500) Add.  a. Financial Institution Full Name			
a. Full Name		Full Ivanic	N. A. C.	
	BBF	I		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose			
	Campa	ign f Re	inance :	
c. Phone Number d. Email Address	c. Account Code	d. Type		
	BBT2014	che	ecking	
Email copy of notices	<u></u>	<u></u>		
CERTIFICATION			- 11 A 12 B 2 12 D 12 12 A 14 of	
I certify that the Committee or Fund is in compliance with	all applicable provision	ons of Articl	e 22A, 22B & 22D-22M 01	
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.				
Sandra Brewer Sandra Signer	dra Sreu gnature of Appointed Treat	surer	3/6/2014 Date	

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RECEIVED



## North Carolina

State Board of Elections 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:	
Candidate Name:	Katherine Fansler
Treasurer Name:	Sandra Brewer
Treasurer Address:	405 Swann Road
(include city, state, & zip)	statesville, NC 28625
Treasurer Phone:	704-437-3777

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).

3-6-14 Date Signed

Signature of Cardidate

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

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## North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

CRO-3900

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

May 2013

Candidate	Designation	of Con	nmittee	<b>Funds</b>
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Candidate Designation of Committee Funds		
This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).		
Candidate Name: _	Katherine R. Fansler	
Committee Name:	Committee to Elect Katherine Fansler	
Treasurer Name: _	Sandra Brewer	
If Candidate is own trea	asurer, designate an agent to carry out designations:	
Committee ID #:		
Level Registered:	State] [County] If county, specify: For 54+4	
I, Katherine Fansler, hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).  Name of Entity (Select from §163-278.16B(a))  Plan for Disbursement (eg. Amount or %)		
1. Forsyta Count	y Democratic Party 100%	
2		
3.		
By signing this form, I of Gen. Statute 163-278.16 records.	certify that the foregoing entities are eligible beneficiaries under N.C. 5B(a). A copy of this form should be maintained with the Committee	
Signature of Candidate:	v	
Date:	3-6-2014	
Note: This Designation is	s to be filed with the Election Board where the committee's campaign reports are filed.	

Candidate Designation of Committee Funds