Statement of Organization - Candidate Committee

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Amendment Ves

The Inform	ation A		
. Committee Inform Full Name	Iatton	JADN/	c. ID Number
. Fall Name			
			d. Date Organized
Mailing Address (inclu	ede City, State and Zip Code)		
			c. Phone Number
		Primary Candidate	Committee
2. Candidate Inform	nation	Frimary Candidate	b. Candidate ID Number
Eufl Name			
1 11	Manrin Sudler (Ken) man		364GJL c. Party Affiliation
Kenneth A	Vanin Sader Crent	d. District/County/Munici	pality c. Party Affiliation
c. Office Sought	· · · · · · · · · · · · · · · · · · ·		
0.0		Leursoille	Democratic
Conneil	, MAN	el Party Affiliation.)	
(If office sought	is nonpartisan, write Monpartisan	4. Custodian of Book	s Information
3. Treasurer Inform	nation	a. Full Name	
2. Full Name			0 11
	A C Alad	Kenneth M	Sadler
Kenneth I	U. Saller lude City, State, and Zip Code)	b. Mailing Address (inclu	de City, State, and Zip Code)
b. Mailing Address (inc	lude City, State, and Zip Code)		
9519 Brock	(Meadow LN		
	lle NC 27023		
	d. Email Address	c. Phone Number d	Email Address
c. Phone Number			
ALCIULZO	KeSAD 122 @ Aol.com		time (met CPO-3500) Add
5. Assistant Treasu	Add	6. Account Information	tion (mer. excesses)
	Remove	a. Financial Institution H	full Name
a. Full Name		DOdT	
	N/A	B.B. 97	
h Mailing Address (in	clude City, State, and Zip Code)	b. Purpose	
0. Mixing Autor (
			d. Type
c. Phone Number	d. Email Address	c. Code	
CERTIFICATIO	N		the state of the second s
		visions of Article 22A, i	including that no funds are communged
1 certify that the	Committee is in compliance with all pro federal or out-of-state PAC. I further sa	that this report is com	plete, true and correct.
with Junds for a			a 1 x 2
1/ 1/	NO LLO	and ()	8.603
Kenneth	M. Sadler	Signature of Appointed Trea	surer Date
Pri	nted Name of Signer	218ume or vehouse and	
İ	N/C State	Board of Elections	AUG AUG
CRO-2100A	Inc State	•	
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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

Certification of Treasurer

FILED BY:

Candidate Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

01 ennett 2 78 Q 945-4439

Treasurer Phone:

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.

8.6.03 Date Signed

nature of Candidate

CRO-3100

Certification of Treasurer





North Carolina State Board of Elections 506 N Harrington Street Rakigh, 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:		
Treasurer Name:	Kenneth M. Sadler	
Treasurer Address:	2516 think Merdin LN	
(include city, state, & zip)	Lewisville, NC 27023	
Treasurer Phone:	945,4439	

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.

/	Financial Institution	Address	Account Number	Code
Type of account	Financial Institution	blip C and C all		
	RR T	1100 2 5 70 170 5		
Checking		10-5, NC 21105	000000000000000	
			ļ	
-				

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

8-6-03 Date Signed

Signature of Treasurer

CRO-3500

Certification of Financial Account Information

March 2003





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

Certification of Threshold

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

TIG (M.S Brook	Men	con l	(m
	rke_	WC	7.70	23

Treasurer Phone:

945-4439

Chesk One:

K 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.

8.6 - 03 Date Signed

Signature

Certification of Threshold



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Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

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Certification to Close Committee

FILED BY:

Committee Name: Treasurer Name:

Treasurer Address:

(include city, state, & zip)

945.4439 336

Treasurer Phone:

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 a 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 to "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.

<u>//-7-03</u> Date Signed

Certification to Close Committee

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