# Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment X No Yes

This form must be ac	ccompanied by forms CRO-3100 and CRO	)-3500 (when amendin	g. only re-s	arbmit if applicable)	
1. Committee into	rmation		g, only	иони и аррисаотел.	
a. Full Name			A STATE OF THE PARTY OF THE PAR	c. ID Number	
Elect Ed Sain for N				9DUHE1	
	nclude City, State and Zip Code)			d. Date Organized	
806 S Main Ave	E-1009-200-200-200-200-200-200-200-200-200-				
Newton, NC 28658	E.			7/18/2017	
				e. Phone Number	
		<u> </u>		828-381-7006	
2. Candidate Infor	mation	<b>经产生的</b>		lidate's Primary Committee	
a. Full Name		e. Candidate ID N		f. Party Affiliation	
Edward Thomas Sa	in	9DUI	ue <sub>1</sub>	Non-Partisan	
05		3001	HEI	(Indicate Non-partican if applicable	
	clude City, State, and Zip Code)	g. Office Sought		Total and the second se	
806 S Main Ave			Co		
Newton, NC 28658			Cor	puncil	
c . Phone Number	d. Email Address	h. Next Election Ye	ear	i. Jurisdiction	
828-381-7006	fasted@charter.net	2017			
☐ Email copy of		2017	į.	Newton	
3. Treasurer Inform		4. Custodian of	Rooks In	formation	
a. Full Name		a. Full Name	The state of the s		
Edward Thomas Sai			N/A		
	clude City, State, and Zip Code)	b. Mailing Address	s (include Ci	ity, State, and Zip Code)	
806 S Main Ave Newton, NC 28658					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ac	ddress	
828-381-7006	fasted@charter.net			auress	
I prefer to receive		No 🗆 Email copy	☐ Email copy of notices		
5. Assistant Treasur			6. Account Information (incl. CRO-3500) X Add		
a. Full Name	Remove	195790	a. Financial Institution Full Name Remove		
	N/A		Capitol Bank		
. Mailing Address (incl	lude City, State, and Zip Code)	b. Purpose			
			Campaign	1 Account	
, Phone Number	d. Email Address	c. Account Code	d. Type		
		202111100			
☐ Email copy of	notions	ETS		Checking	
CERTIFICATION	notices	لـــــا			
I certify that the Co 22M of Chapter 163	ommittee or Fund is in compliance with 3 of the NC General Statutes and that no	o funds are commingl	ons of Arti led with pr	icle 22A, 22B & 22D-ohibited or other non-	
Edward T	The mas SAIN Edus	te, true and correct.  Signature of Appointed Tr	Sin	7-18-17 Date	



### North Carolina

### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY:

Mailing Address PO Box 27255 Raleigh, NC 2761-7255 (919) 733-7173

# 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

Candidate Name:	Edward Thomas Sain	
Treasurer Name:	Edward Thomas Sain	
Treasurer Address:	806 S Main Ave	
(include city, state, & zip)	Newton, NC 28658	
Treasurer Phone:	828-381-7006	

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).

7-18-17 Date Signed Edward Theren Suin

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



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State Board of Elections

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## Certification of Threshold

This Certification is used to delcare or whithdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:			
Committee Name:	Elect Ed Sain for Newton Council		
Treasurer Name:	Edward Thomas Sain		
Treasurer Address:	806 S Main Ave		
(include city, state, & zip)	Newton, NC 28658		
Treasurer Phone:	828-381-7006		
election cycle under the puntil the end of the elecit or expenditures during th of elections and file requ THIS DISCLAIMER CA  I am withdrawing my the next scheduled report	nmittee intends to neither receive nor expend more than \$1,000 during the current procedures set forth in G.S. 163-278.10A. This certification will remain in effect on cycle for this committee. If this committee exceeds \$1,000 in contributions his election cycle, I understand that I just immediately notify the appropriate board ired campaign finance reports.  NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Certification to remain under the \$1,000 threshold. I will now be required to file a for all contributions and expenditures that have not been previously repoerted from the election cycle. I further agreee to file all future reports required.		
7-18-17 Date Signed	Edwind Thour Sier Signature		

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

CRO-3600

Certification of Threshold

July 2014



### North Carolina State Board of Elections

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Kim Westbrook Strach Executive Director

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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: Edward Thomas Sain Committee Name: Elect Ed Sain for Newton Council Treasurer Name: Edward Thomas Sain If Candidate is own treasurer, designate an agent to carry out designations: Tom Rowe Committee ID#: 9DUHE1 [State] [County] If county, speci Catawba Level Registered: Edward Thomas Sain hereby direct that in the event of my (Name of Candidate) 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 Plan for Disbursement (eg. Amount or %) (Select from §163-278.16B(a)) 1. Newton Kiwanis Club 100% By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records. Signature of Candidate: Educal Theres S. Date:

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