

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-3500 (when amending, only re-submit if applicable).

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Information

a. Full Name	c. ID Number
Elect Ed Sain for Newton Council	9DUHE1
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
806 S Main Ave Newton, NC 28658	7/18/2017
	e. Phone Number
	828-381-7006

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Edward Thomas Sain	9DUHE1	Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
806 S Main Ave Newton, NC 28658	Council	
c. Phone Number	d. Email Address	h. Next Election Year
828-381-7006	fasted@charter.net	2017
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		Newton

3. Treasurer Information

a. Full Name	4. Custodian of Books Information
Edward Thomas Sain	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	N/A
806 S Main Ave Newton, NC 28658	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address
828-381-7006	fasted@charter.net

I prefer to receive notices by email

☐ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add
☐ Remove

a. Full Name	6. Account Information (incl. CRO-3500)
N/A	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	Capitol Bank
	b. Purpose
	Campaign Account
c. Phone Number	d. Email Address
c. Account Code	d. Type
ETS	Checking
<input type="checkbox"/> Email copy of notices	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 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.

Edward Thomas SAIN
Printed Name of Signer

Edward Thomas Sain
Signature of Appointed Treasurer

7-18-17
Date



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 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

FILED BY:

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 Thomas Sain

Signature

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



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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
Level Registered: [State] [County] If county, speci Catawba

I, 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Newton Kiwanis Club</u>	<u>100%</u>
2. _____	_____
3. _____	_____

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: Edward Thomas Sain
Date: 7-18-17

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