

# Statement of Organization - Candidate Committee

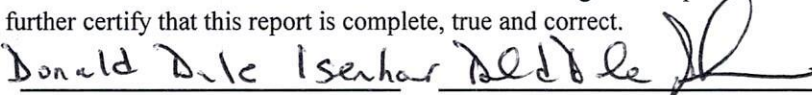
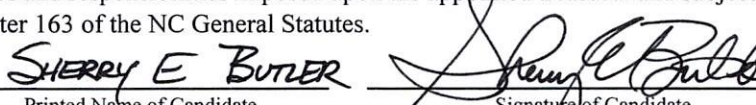
Is this statement:

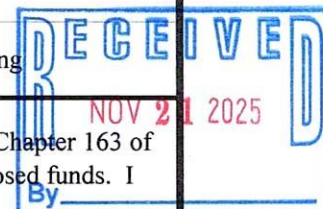
☒ New

☐ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>							
a. Name of Committee Butler for Commissioner						d. ID Number	
b. Mailing Address (include City, State and Zip Code) 1215 Knolls Dr Newton, NC 28658						e. Date Organized 11/18/2025	
c. Committee Website (Optional)						f. Phone Number 828-338-9312	
<b>2. Candidate Information</b>							
a. Full Name Sherry E. Butler				e. Party Affiliation Republican			
b. Mailing Address (include City, State, and Zip Code) 1215 Knolls Dr Newton, NC 28658				f. Office Sought Commissioner			
c. Phone Number 828-338-9312		d. Email Address sjebutler1@gmail.com		g. Next Election Year 2026		h. Jurisdiction County	
<input type="checkbox"/> Email copy of report notices							
<b>3. Treasurer Information</b>				<b>4. Assistant Treasurer Information</b>			
a. Full Name Donald Dale Isenhour				a. Full Name N/A			
b. Mailing Address (include City, State, and Zip Code) PO Box 609 Claremont, NC 28610				b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number 828-464-2812		d. Email Address don@meicpa.biz		c. Phone Number		d. Email Address	
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Email copy of report notices			
<b>5. Custodian of Books Information (Keeper of Records)</b>				<b>6. Account Information (incl. CRO-3500)</b>			
a. Full Name N/A				a. Financial Institution Full Name Peoples Bank			
b. Mailing Address (include City, State, and Zip Code)				b. Purpose Campaign Account			
c. Phone Number		d. Email Address		b. Account Code SEB		c. Type Checking	
<input type="checkbox"/> Email copy of report notices							
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p>               Printed Name of Treasurer                      Signature of Appointed Treasurer                      Date <u>11/18/25</u> </p> <p>             I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.         </p> <p>               Printed Name of Candidate                      Signature of Candidate                      Date <u>11/18/25</u> </p>							





# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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).

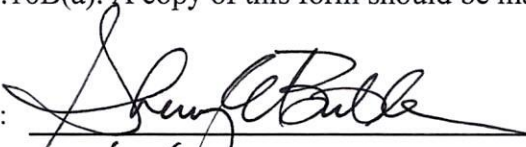
**This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.**

Candidate Name: Sherry E. Butler  
Committee Name: Butler for Commissioner  
Treasurer Name: Donald Dale Isenhour  
If Candidate is own treasurer, designate an agent to carry out designations: N/A  
Committee ID#: \_\_\_\_\_  
Level Registered: [State] [County] If county, specify: Catawba

I, Sherry E. Butler hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
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>Green Room Community Theatre</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:   
Date: 11/18/25