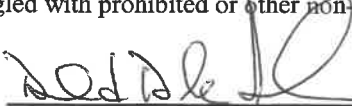
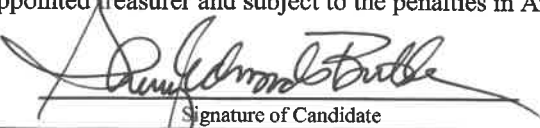


# Statement of Organization - Candidate Committee

<b>Is this statement:</b>	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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.

1. Committee Information			
a. Name of Committee		d. ID Number	
Butler for Commissioner			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1215 Knolls Dr, Newton, NC 28658		09/27/2013	
c. Committee Website (Optional)		f. Phone Number	
		828-464-9312	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Sherry Edmonds Butler		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1215 Knolls Dr, Newton, NC 28658		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-464-9312		2022	
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Donald Dale Isenhour			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO Box 609, Claremont, NC 28610			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-464-2812	don@meicpa.biz		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Peoples Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		SEB	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>			
<u>Donald Dale Isenhour</u> Printed Name of Treasurer		 Signature of Appointed Treasurer	<u>12/06/2021</u> Date
<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>			
<u>Sherry Butler</u> Printed Name of Candidate		 Signature of Candidate	<u>12/06/2021</u> Date

