

**Affidavit Attesting to Nickname
(NCGS § 163-106(a))**

I, Irene Kaye Knowles (Legal name) have been duly sworn, hereby state under oath that I have been commonly known by the nickname, Kaye, for at least five years and request that my name be placed on the ballot as follows: Kaye Knowles (Name to appear on ballot)

In the event that another candidate with the same last name as mine files notice of candidacy for the same office for which I am a candidate, my name should be listed on the ballot as follows:

Irene Kaye Knowles
(Legal name and nickname)

Irene Kaye Knowles
(Signature - legal name)

I hereby certify that IRENE KAYE KNOWLES, the candidate who signed above, personally signed in my presence.

Sworn to and subscribed before me this 20th day of JULY, 2015.

Notary
Title of Certifying Officer

Dennis E. B...
Signature of Certifying Officer

My commission expires: 3/31/2020

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

Amendment
 Yes No

1. Committee Information

a. Full Name <i>Irene Kaye Knowles</i>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>25 S. 2nd St Burgaw, NC 28425</i>		d. Date Filed
		e. Phone Number <i>910-604-0229</i>

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <i>Irene Kaye Knowles</i>
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special			State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name						
8. Number of Fundraisers this Report								

11. Account Information

a. Financial Institution Full Name		11. Account Information	
b. Purpose		a. Financial Institution Full Name	
c. Account Code		b. Purpose	
d. Period Begin Balance \$		c. Account Code	
		d. Period Begin Balance \$	

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 and that I have been trained by the NC State Board of Elections.

Irene Kaye Knowles _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Statement of Organization - Candidate Committee

Amendment
 Yes No

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).

1. Committee Information

a. Full Name Irene Kaye Knowles		c. ID Number
b. Mailing Address (include City, State and Zip Code) 25 S. 2nd St Burgaw, NC 28425		d. Date Organized
		e. Phone Number 910-604-0229

2. Candidate Information

a. Full Name Irene Kaye Knowles		<input type="checkbox"/> Candidate's Primary Committee	e. Candidate ID Number	f. Party Affiliation D <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 25 South 2nd St Burgaw, NC 28425		g. Office Sought Town Council		
c. Phone Number 910-604-0229	d. Email Address Hotmail KKnowles1963@aol.com	h. Next Election Year	i. Jurisdiction	
<input type="checkbox"/> Email copy of notices				

3. Treasurer Information

a. Full Name Irene Kaye Knowles	
b. Mailing Address (include City, State, and Zip Code) 25 S. 2nd St Burgaw, NC 28425	
c. Phone Number 910-604-0229	d. Email Address Hotmail KKnowles1963@aol.com

4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

I prefer to receive notices by email Yes No Email copy of notices

5. Assistant Treasurer Information

a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address	

6. Account Information (incl CRO-3500)

a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose		
c. Account Code	d. Type	

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.

Irene Kaye Knowles
 Printed Name of Signer

Irene Kaye Knowles
 Signature of Appointed Treasurer

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 27611-7255
 (919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

FILED BY:

Candidate Name: Irene Kaye Knowles

Treasurer Name: Irene Kaye Knowles

Treasurer Address: 255 2nd St Burgaw, NC 28425

(include city, state, & zip)

Treasurer Phone: 910-604-0229

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).

6-15-15
 Date Signed

Irene Kaye Knowles
 Signature of Candidate



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 27611-7255
 (919) 733-7173

Certification of Threshold

This Certification is used to declare or withdraw 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.

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

FILED BY:

Committee Name: Irene Kaye Knowles
 Treasurer Name: Irene Kaye Knowles
 Treasurer Address: 25 S. 2nd St Burgaw, NC 28425
 (include city, state, & zip)

Treasurer Phone: 910-604-0229

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 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.

6-15-15
 Date Signed

Irene Kaye Knowles
 Signature



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: Irene Kaye Knowles
 Treasurer Name: Irene Kaye Knowles
 Treasurer Address: 25 S. 2nd St
 (include city, state, & zip) Burgaw, NC 28425

 Treasurer Phone: 910-604-0229

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 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 \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1-11-16
 Date Signed

Irene Kaye Knowles
 Signature

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

Pender County Board of Elections
 PO Box 1232
 Burgaw, NC 28425