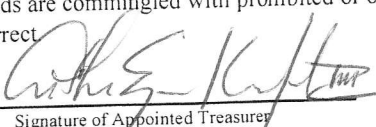


Statement of Organization - Candidate Committee

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			<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. ID Number		
KNOEFEL FOR TOWN COUNCIL		9DHSJO		
b. Mailing Address (include City, State and Zip Code)		d. Date Organized		
10 HIGHLAND POINTE DRIVE WEAVERVILLE, NC 28787		7/1/11		
		e. Phone Number		
		828-645-8800		
2. Candidate Information				
a. Full Name		e. Candidate ID Number	f. Party Affiliation	
ARTHUR EUGENE KNOEFEL III		9DHSJO	UNAFF.	
		(Indicate Non-partisan if applicable)		
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought		
10 HIGHLAND POINTE DRIVE WEAVERVILLE, NC 28787		COMMISSIONER, WEAVERVILLE TOWN COUNCIL		
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction	
828-645-8800	gknoefel@charter.net	2011		
<input type="checkbox"/> Email copy of notices				
3. Treasurer Information		4. Custodian of Books Information		
a. Full Name		a. Full Name		
DOUGLAS RAYMOND THEROUX				
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)		
73 HILLCREST DRIVE WEAVERVILLE, NC 28787				
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address	
828-658-9477	dbtheroux@frontier.com			
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)		
		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose		
c. Phone Number	d. Email Address	c. Account Code	d. Type	
<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.				
ARTHUR EUGENE KNOEFEL III				Date
Printed Name of Signer		Signature of Appointed Treasurer		



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 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: GENE KNOEFEL
 Treasurer Name: DOUG THEROUX
 Treasurer Address: 73 HILLCREST DRIVE
 (include city, state, & zip) WEAVERVILLE, NC 28787

 Treasurer Phone: 828-658-9477

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).

JUL 1, 2011
 Date Signed

Signature of Candidate

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



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 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.

FILED BY:

Committee Name: KNOEFEL FOR TOWN COUNCIL COMMITTEE
 Treasurer Name: DOUG THEROUX
 Treasurer Address: 73 HILLCREST DRIVE
 (include city, state, & zip) WEAVERVILLE, NC 28787

 Treasurer Phone: 828-658-9477

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.

JULY 1, 2011
 Date Signed

Alvin Eugene Kaufman III
 Signature

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



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

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: GENE KNOEFEL
 Committee Name: KNOEFEL FOR TOWN COUNCIL COMMITTEE
 Treasurer Name: DOUG THEROUX
 If Candidate is own treasurer, designate an agent to carry out designations: _____
 Committee ID #: _____
 Level Registered: [State] [County] If county, specify: _____

I, GENE KNOEFEL, 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> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>PROJECT LINUS</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: *Gene Knopfel*
 Date: JULY 1, 2011