

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		RECEIVED		c. ID Number	
Poole 4 Concord		JUL 28 2017		d. Date Organized	
b. Mailing Address (include City, State and Zip Code)		CABARRUS COUNTY BOARD OF ELECTIONS		July 28, 2017	
210 Ravine Circle Concord, NC 28025				e. Phone Number	
				704-782-4723	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Elizabeth Fuller Poole				Non-partisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
210 Ravine Circle Concord, NC 28025		Concord City Mayor			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction		
704 782 4723	poole4concord@gmail.com	2017			
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Elizabeth F Poole			Elizabeth F Poole		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
210 Ravine Cir Concord NC 28025			210 Ravine Cir Concord, NC 28025		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
704 782 4723	poole4concord@gmail.com	704 782 4723	poole4concord@gmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information			6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove			a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		
			Uwharrie Bank		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Campaign		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		1	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.					
Elizabeth F Poole		Elizabeth F Poole		7/28/17	
Printed Name of Signer		Signature of Appointed Treasurer		Date	