

# 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		c. ID Number	
Committee to Re-Elect Lynn Shue			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
4855 Flowe Store Rd CONCORD, N.C. 28025		07/31/17	
		e. Phone Number	
		704-783-5234	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Lindsay W. Shue (Lynn)			Rep.
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
4855 Flowe Store Rd CONCORD, N.C. 28025		Cabarrus County Commission	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
704-783-5234	LSHUE@Vnet.net	2018	
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Lindsay W. Shue (Lynn)		(SAME)	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4855 Flowe Store Rd CONCORD, N.C. 28025		(SAME)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-783-5234	LSHUE@Vnet.net		
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 (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
- NONE -			
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
c. Phone Number	d. Email Address		
<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.			
Lindsay W. Shue, (Lynn)			8-14-17
Printed Name of Signer		Signature of Appointed Treasurer	Date