

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		CABARRUS COUNTY BOARD OF ELECTIONS	c. ID Number
Committee to Elect Laura Blackwell			LWB 2/20/18
b. Mailing Address (include City, State and Zip Code)		FEB 20 2018	d. Date Organized
231 Canvasback Ct Concord NC 28025		RECEIVED	2/12/2018
			e. Phone Number
			980-622-3904
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
Laura Blackwell	LWB 2/20/18	R	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
231 Canvasback Ct Concord NC 28025		Cabarrus County School Board	
c. Phone Number	d. Email Address		h. Next Election Year
980-622-3904	laurablackwell4schoolboard@gma		2018
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Barbara Strang			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1332 Winecoff School Rd Concord NC 28027			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-796-3771			
I prefer to receive my notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		18	BUS Checking LWB 2/20/18
<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.			
<u>Barbara Strang</u> Printed Name of Signer		<u>Barbara Strang</u> Signature of Appointed Treasurer	
		<u>2/19/18</u> Date	