

**CABARRUS COUNTY
BOARD OF ELECTIONS**

Amendment
 Yes No

Statement of Organization - Candidate Committee

FEB 26 2018

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 <i>Committee for McClure</i>		c. ID Number <i>242821393</i>	
b. Mailing Address (include City, State and Zip Code) <i>1413 Cooper Ave. Kannapolis N.C. 28081</i>		d. Date Organized <i>2-26-2018</i>	
		e. Phone Number <i>7045601877</i>	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>Amos McClure</i>		e. Candidate ID Number	f. Party Affiliation <i>Dem</i>
b. Mailing Address (include City, State, and Zip Code) <i>1413 Cooper Ave 28081</i>		g. Office Sought <i>County Commissioner</i>	
c. Phone Number <i>7049384500</i>	d. Email Address <i>McClureA@yahoo</i>	h. Next Election Year <i>2020 18</i>	i. Jurisdiction <i>Cabarrus</i>
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Judy Hamilton</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>9318 Swimming Dr. Harrisburg 28075</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>7047851457</i>	d. Email Address <i>JudyHamilton@gmail</i>	c. Phone Number	d. Email Address
I prefer to receive 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		a. Financial Institution Full Name <i>SUNTRUST</i>	b. Purpose <i>CAMPAIGN TRANSACTIONS</i>
b. Mailing Address (include City, State, and Zip Code)		c. Account Code <i>5050</i>	d. Type <i>CHECKING</i>
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.			
<i>Judy Hamilton</i> Printed Name of Signer		<i>Judy Hamilton</i> Signature of Appointed Treasurer	<i>2-26-18</i> Date