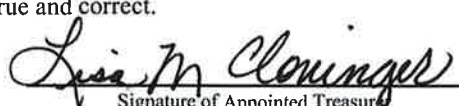


Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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		<div style="text-align: center;"> CABARRUS COUNTY BOARD OF ELECTIONS JUL 12 2019 RECEIVED </div>
Committee to Re Elect Del Eudy					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
Post Office Box 1017 Mt. Pleasant NC 28124			7/09/2019		
			e. Phone Number		
			704-791-7432		
2. Candidate Information					<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		c. Candidate ID Number		f. Party Affiliation	
William Del Eudy				REP <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
Post Office Box 1017 Mt. Pleasant NC 28124			Mayor MT PLEASANT		
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
704-791-7432	eudyd@mtpleasantnc.us	2019		MUNICIPAL	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Lisa M Cloninger			n/a		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
Post Office Box 1518 Mt. Pleasant NC 28124					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
704-791-2363	bcloninger@ctc.net				
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 <small>(incl. CRO-3500)</small>		
a. Full Name			a. Financial Institution Full Name		
n/a			n/a		
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.					
Lisa M Cloninger				07/09/2019	
Printed Name of Signer		Signature of Appointed Treasurer		Date	