

# 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 ELECT PHIL GOODMAN					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
1005 CENTRAL DRIVE KANNAPOLIS, NC 28083			7-8-2019		
			e. Phone Number		
			704 796 0803		
2. Candidate Information					<input checked="" type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
PHILLIP (PHIL) MICHAEL GOODMAN				REPUBLICAN <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
1005 CENTRAL DRIVE KANNAPOLIS NC 28083		CITY OF KANNAPOLIS COUNCIL MEMBER			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
704 796 0803	DIXIELANDSGRACE@gmail.com	2019		KANNAPOLIS	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
PHILLIP (PHIL) MICHAEL GOODMAN			CABARRUS COUNTY BOARD OF ELECTIONS		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
1005 CENTRAL DRIVE KANNAPOLIS NC 28083			JUL 12 2019		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
704 796 0803	DIXIELANDSGRACE@gmail.com		RECEIVED		
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>		<input checked="" type="checkbox"/> Add	
a. Full Name		a. Financial Institution Full Name		<input type="checkbox"/> Remove	
		FIRST BANK			
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			ELECTION OF PHIL GOODMAN		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		103099	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.					
PHILLIP MICHAEL GOODMAN		Phillip Michael Goodman		7-12-19	
Printed Name of Signer		Signature of Appointed Treasurer		Date	