CABARRUS COUNTY BOARD OF ELECTIONS

Statement of Organization - Candidate Committee
Use this form to create a new or update an existing candidate committee.

Amendment	
Yes Yes	□ No

	accompanied by forms C	RO-3100 and C	RO-3500 (when ame	ending, or	ily re-submit if a	pplicab	le).	
R Committee Info	rmation			- 3,			التنبي	
a. Full Name					c. ID Number	c. 1D Number		
Committee to Elect Benita Lowder Conrad								
b. Mailing Address (inc	clude City, State and Zip Cod	ie)			d. Date Organ	nized		
5503 Peachgrove Court Harrisburg, NC 28075			7/11/19					
					e. Phone Nun	iber		
						704 770 0040		
					704-	773-694	13	
2. Candidate Infor	2. Candidate Information			Candidate's Primary Committee				
a. Full Name			e. Candidate ID Num	ber	f. Party Affili	ation		
Benita Lowder Conrad		Non-partisan						
			(Indicate Non-partisan if applicab					
	clude City, State, and Zip Co	de)	g. Office Sought					
5503 Peachgrove Court Harrisburg, NC 28075		Harrisburg Town Council						
e . Phone Number	d. Email Address		h. Next Election Year	ext Election Year		i. Jurisdiction		
704-455-9855	benitaflowder@aol.cor	n	2020 H		Harrisburg			
✓ Email copy of n	otices]		Tamabarg			
3. Treasurer Information		4. Custodian of Books Information						
a. Full Name	a. Full Name		a. Full Name					
Benita Lowder Conrad		N/A						
b. Mailing Address (inc	clude City, State, and Zip Coo	de)	b. Mailing Address (include City, State, and Zip Code)					
5503 Peachgrove Court		N/A						
Harrisburg, NC 28075								
D. N. J. D. S. HALL			The North Feet Harris					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address					
704-455-9855	benitaflowder@aol.cor	N/A	N/A					
I prefer to receive notices by email Yes No								
5. Assistant Treasu	irer Information	Add	6. Account Inform		(incl. CRO-3500)	Add		
a. Full Name Remove			a. Financial Institution Full Name Remove					
N/A			Pinnacle Bank					
b. Mailing Address (include City, State, and Zip Code)			b. Purpose					
N/A		Campaign Finance						
c. Phone Number	d. Email Address		c. Account Code	d. Type				
N/A	N/A							
☐ Email copy of notices			A checkin		th)			
CERTIFICATION			1					
I certify that the C	ommittee or Fund is in c NC General Statutes an							
	at this report is complete			1				
Benita	L. Conrad		fa Z. Corregulature of Appointed Tre	nad	7/19	/19		
Printe	d Name of Signer	Sig	gnature of Appointed Tre	asurer		Date		