CABARROS COUNTI **BOARD OF ELECTIONS**

JUL 25 2019

RECEIVE this form to create a new or update an existing candidate committee.

Amendment	
Yes	No

This form must be accompanied by forms CRO-3100 and C	RO-3500 (when amending, only	y re-submit if applicable).	
1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Mich	nael Hart		
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
8219 KENSINGTON LN		7/18/2019	
HARRISBURG, NC 28075		e. Phone Number	
K(Wicker) 100	6	704-455-2326	
		104-422-626	
2. Candidate Information	☐ Candidat	te's Primary Committee	
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
MICHAEL LOUIS HART		REPUBLICAN (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(marcate ryon-partisan it appareante,	
\$219 KENSINGTON LN			
MARRISBURG, NC 28075	TOWN COUNC	1	
c. Phone Number d. Email Address	h. Next Election Year i.	Jurisdiction	
c. Phone Number d. Email Address 704-455-2324 Michaelhtce Lion, net	7019	HARRISBURG	
Email copy of notices		1(11012)	
3. Treasurer Information	4. Custodian of Books Infori	mation	
a. Full Name	a. Full Name	11	
MICHAEL LOUIS HART	MICHAEL CO.	MARI	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, S	tate, and Zip Code)	
8219 KENSINGTON LN			
HARRISBURG, NC 28075	SAME		
c. Phone Number d. Email Address	c. Phone Number d. Email Ad	ldress	
c. Phone Number d. Email Address 704-455-2326 Michaelhte plon-hat.net	SAME /SA	ME	
I prefer to receive notices by email Yes No	mail		
5. Assistant Treasurer Information Add	6. Account Information (incl. CRO-3500) Add		
a. Full Name Remove	a. Financial Institution Full Name	Remove	
		1	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	/ ^	
		A	
c. Phone Number d. Email Address	c. Account Code d. Type	/	
	· /		
☐ 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	. 1-11/		
MICHAEL L HART Whichay Hent 7/24/2019			
Printed Name of Signer Signature Appointed Treasurer Date			