

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information		BOARD OF ELECTIONS	
a. Name of Committee		d. ID Number	
Committee to Elect Nora May 2020			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
P.O. Box 931, Harrisburg, NC 28075		12 / 14 / 2019	
c. Committee Website (Optional)		f. Phone Number	
n / a		(954) 298 - 1017	

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Nora Lee Isabella May		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
P.O. Box 931, Harrisburg, NC 28075		Board of Education	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(954) 298 - 1017	candidate@noramay2020.org	2020	Cabarrus County
<input checked="" type="checkbox"/> Email copy of report notices <small>Type text here</small>			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Nora Lee Isabella May		Andrew Ausel	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
P.O. Box 931, Harrisburg, NC 28075		P.O. Box 931, Harrisburg, NC 28075	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(954) 298 - 1017	treasurer@noramay2020.org	(717) 575 - 9678	manager@noramay2020.org
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Email copy of report notices			

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Nora Lee Isabella May			
b. Mailing Address (include City, State, and Zip Code)			
P.O. Box 931, Harrisburg, NC 28075			
c. Phone Number	d. Email Address	b. Account Code	c. Type
(954) 298 - 1017	treasurer@noramay2020.org		
<input checked="" type="checkbox"/> Email copy of report notices			

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Nora Lee Isabella May 12/19/2019
 Printed Name of Treasurer Signature of Appointed Treasurer Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Nora Lee Isabella May 12/19/2019
 Printed Name of Candidate Signature of Candidate Date