

DEC 30 2019

Statement of Organization - Candidate Committee

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

RECEIVED

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			
a. Name of Committee		d. ID Number	
Earle Schecter for Commissioner		---	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
44 Wayne Court S.E. Concord, N.C. 28025		12/19/19	
c. Committee Website (Optional)		f. Phone Number	
		704-787-5690	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Earle Schecter		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
44 Wayne Court S.E. Concord, N.C. 28025		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-787-5690	eddie.schecter@gmail.com	2020	Cabarrus County
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Earle Schecter			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
44 Wayne Court S.E. Concord, N.C. 28025			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-787-5690	eddie.schecter@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input 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	
		UWARRIE BANK	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		A	checking
<input 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.			
Earle Schecter		[Signature]	12/29/19
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.			
Earle Schecter		[Signature]	12/29/19
Printed Name of Candidate		Signature of Candidate	Date