## CABARRUS COUNTY BOARD OF ELECTIONS

## DEC Statement of Organization - Candidate Committee

Is this st	atem	ent:	Ī
New		Amended	

Use this form to create a new or undetermined		INEW		Am
RECEIVED THE Create a new or update an existing candidate committee.				
RECENT form to create a new or update an existing candidate committee.	r each ne	w elect	ion w	oor
1 Committee Information	ouen ne	W CICCI	non ye	sai.

Zerin CRO 5500. All all	icided form is realin	'ed for eac	h new election was		
1. Committee Information	io roquii	-u ioi cat	on new election year.		
a. Name of Committee	0.1	0	d. ID Number		
Denise Adocock for	Cabarrus	Co.	e. Date Organized		
b. Mailing Address (include City, State and Zip Code)	School	Boar	e. Date Organized		
P.O. BOX 8017 Cov c. Committee Website (Optional)	Kord, NC	286	12/19/20H		
www.facebook.com/e	leat don's	enda	f. Phone Number		
z. Candidate Intormation	recedents	SC CUC	m+104-1112-14		
a. Full Name	e. Party Affiliation				
Denise Davis Adoock	Repu	Republican			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought				
P.O. Box 8017, Concord N		Boar	d of Education		
c. Phone Number d. Email Address	g. Next Election Year	:4	h. Jurisdiction		
electdeniseadcock zoz	/		01		
Email copy of report notices @ gmail.com	1 2020	ン	Cabarrus Co		
3. Treasurer Information a. Full Name	4. Assistant Treas	urer Info	rmation		
	a. Full Name				
Paula Orr					
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	clude City,	State and Zip Code)		
5075 Gold Hill Rd.					
c. Phone Number d. Email Address	c. Phone Number	d. Email A	ddress		
704-7869447 brpj@aol.com					
Send report notices by email Yes No	Email copy of re	Port notice	ces		
Custodian of Books Information (Keeper of Records)	6. Account Inform	6. Account Information (incl. CRO-3500)			
		a. Financial Institution Full Name			
NC State Credit Union	INC State	MC State Employee Credit			
Mailing Address (include City, State, and Zip Code)			MON		
PO BOX 26748 Raleich, NC					
Phone Number d. Email Address	b. Account Code	c. Type			
☐ Email copy of report notices	Checkina	ch	reduing		
	37,2001				
I certify that the Committee is in compliance with all applica	hle provisions of A H	iale 22 A	of Charter 162 Cil NG		
denotal statutes and that no funds are commingled with pro-	nibited or other non-	lisclosed t	funds I further cortification		
this report is complete, true and correct.		instructed i	runds. I further certify that		
Paula Orr	0- 1		12/27/19		
Printed Name of Treasurer Sign	ature of Appointed Treasi	urer	Date		
certify that the information above is correct, and I, as the can tites and responsibilities imposed upon the appointed treasure	didate, appoint said t	reasurer t	o personally fulfill the		
3 of the NC General Statutes.	and subject to the p	penalties i	n Article 22A of Chapter		
Denise DAdoods he	11000 ( )-/	1)0,~	12/27/19		
Printed Name of Candidate	Signature of Candidate	Lu	1 -17/1		