

7/12/21

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			
a. Name of Committee SMITH FOR CITY COUNCIL		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 504 TERRACE DR KANNAPOLIS NC 28083		e. Date Organized 7-9-21	
c. Committee Website (Optional) N/A		f. Phone Number 704-425-2685	
2. Candidate Information			
a. Full Name MELTON E SMITH		e. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) 504 TERRACE DR		f. Office Sought City Council	
c. Phone Number 704-425-2685	d. Email Address PINKYANCA@GMAIL.COM	g. Next Election Year 2021	h. Jurisdiction KANNAPOLIS
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name MELTON E SMITH		a. Full Name MELTON E SMITH	
b. Mailing Address (include City, State, and Zip Code) 504-TERRACE DR		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 704-425-2685	d. Email Address PINKYANCA@GMAIL.COM	c. Phone Number	d. Email Address
<input checked="" type="checkbox"/> 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 FIRST BANK KANNAPOLIS	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code SMITH 1	
c. Phone Number	d. Email Address	c. Type CHECKING	
<input checked="" type="checkbox"/> Email copy of report notices			

CABARRUS COUNTY BOARD OF ELECTIONS

JUL 09 2021

RECEIVED

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.

Melton Smith Melton Smith 7-9-21
 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.

Melton Smith Melton Smith 7-9-21
 Printed Name of Candidate Signature of Candidate Date