

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		d. ID Number	
Chris Gordon Campaign			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2394 Shady Lane Ave. Ext.		7/16/21	
c. Committee Website (Optional)		f. Phone Number	
		704-956-9782	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Chris Gordon			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2394 Shady Lane Ave. Ext. Kannapolis, NC 28081		Kannapolis City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-956-9782	chris.cg4kcc@gmail.com	2021	
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Regina Gordon			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
911 Victoria Ave. Kannapolis, NC 28081			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-918-0784	regina_gordon@yahoo.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	
		First Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
		8626	
c. Phone Number	d. Email Address	c. Type	
		Checking	
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p> <u>Regina Gordon</u> <u>Regina Gordon</u> <u>7/16/21</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p>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.</p> <p> <u>Chris Gordon</u> <u>Chris Gordon</u> <u>7/16/21</u> Printed Name of Candidate Signature of Candidate Date </p>			

CABARRIUS COUNTY
BOARD OF ELECTIONS

JUL 16 2021

RECEIVED