CABARRUS COUNTY BOARD OF ELECTIONS

MAR 19 2019

Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

	Amendment		
RECEIVED	Yes	No No	

	accompanied by forms CRO-3100 and C		anding only re submit if applicable)
1. Committee Info	accompanied by forms CRO-3100 and Clormation	RO-3300 (which arise	inding, only re-submit it applicable).
a. Full Name	a marton	·	c. ID Number
	te To Elect Port 14	ortor	110 110 110 110 110 110 110 110 110 110
b. Mailing Address (include City, State and Zip Code)			d. Date Organized
1951 Huy 73 East Carord, NC 28025		3-19-19	
Carold NI 2-8025		e. Phone Number	
2 0 = 2	, -		704-283-5765
2. Candidate Infor	rmation		Candidate's Primary Committee
a. Full Name		e. Candidate ID Numb	
Pat 1	K. Horta		Robblices (Indicate Non-partisan if applicable)
b. Mailing Address (in	clude City, State, and Zip Code)	g. Office Sought	The same of the sa
	y 93 E. (Browl, NC	Caberns	Cousty Commissioner
	d. Email Address	h. Next Election Year	
	- petkhoitai@gmail.lan	2020	Cabonas
Email copy of n			County
3. Treasurer Inform	mation	4. Custodian of Bo	ooks Information
a. Full Name		a. Full Name	
	E. Yelton		
	clude City, State, and Zip Code)	b. Mailing Address (in	nclude City, State, and Zip Code)
Cosiord	, ON 28025		
	d, Email Address	c. Phone Number	d. Email Address
24-262-1841	KyeHose Valorie. 120	III = 1 II = 1 I	
I prefer to receive		☐ Email copy o	of notices
5. Assistant Treasu		6. Account Inform	nation (incl. CRO-3500) Add
a. Full Name	☐ Remove	a. Financial Institution Full Name Remove	
		VINDALE BANK	
b. Mailing Address (inc	clude City, State, and Zip Code)	b. Purpose	
		CAMPANAN	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		A	Checking
☐ Email copy o			CHIT
CERTIFICATION			
I certify that the C	Committee or Fund is in compliance with	all applicable provisi	ions of Article 22A, 22B & 22D-22M of
Chapter 163 or the I further certify th	e NC General Statutes and that no funds a nat this report is complete, true and correc	are commingled with	prohibited or other non-disclosed funds.
Kennet	LE Vella	AH	3-19-19
Printe	ed Name of Signer	gnature of Appointed Treas	
A Company of the Comp		indicate of representation	Suici Duic