Statement of Organization - Candidate Committee

Amendment

Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable)

This form must be accompanied by forms CRO-5100 and CRO-5500 (when amending, only 10-submit it applicable)						
1. Committee Information	1	•				
a. Full Name			c. ID Number			
Committee to Elect Van Shaw			000000			
b. Mailing Address (include City, State and Zip Code)			d. Date Organized			
455 Caldwell Drive S.E. Concord, NC 28025		1/11/2018				
	e. Phone Number		umber			
		704-788-3984				
2. Candidate Information		Candidate's Primary Committee				
a. Full Name		e. Candidate ID Number	f. Party Affiliation			
Van Worth Shaw, Jr.			Republican			
b. Mailing Address (include Cit	g. Office Sought					
455 Caldwell Drive S. E.	Cabarrus County Sheriff					
Concord, NC 28025						
c. Phone Number	d. Email Address	h. Next Election Year i. Jurisdiction				
704-467-2652	vanwshaw@gmail.com	h. Next Election Year			all 544-01	
Email copy of notices		2018		Ca	Cabarrus County	
3. Treasurer Information		4. Custodian of Books Information				
a. Full Name		a. Full Name				
Barbara Camille Strang		Barbara Camille Strang				
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)				
1332 Winecoff School Ro	1332 Winecoff School Road					
Concord, NC 28027		Concord, NC 28027				
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address			
704-796-3771	BSTRANG34@gmail.com	704-796-3771	BSTRANG34@gmail.com			
I prefer to receive my noti	ces by email Yes No	Email copy of notices				
5. Assistant Treasurer In a. Full Name	nformation	6. Account Information	(incl. CRO-3500) Add			
a. Full Name	Remove	a. Financial Institution Full Nan				
a. Full Name CABARRUS BOARD OF E	Farmers and Merchants Bank					
b. Mailing Address (include 🔾	b. Purpose					
Phone Number RECEIVED		Checking Account for Committee				
c. Phone Number d. Email Address		c. Account Code	(d. Type	
		1		Che	Checking	
☐ Email copy of notices						
CERTIFICATION						
Legrify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22b, & 22D-22M 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.						
B. b. A. 11. St. 1110/2010						
Barbara Camille Barbara Camille Barbara Camille Signature of Appointed Treasurer Date						
Printed Name of Signer Signature of Appointed Treasurer Date						