

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	
Ray Helms for Commissioner			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
9607 Robinson Church Rd Harrisburg, NC 28075		12/8/2021	
c. Committee Website (Optional)		f. Phone Number	
		980-253-1522	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Earl Ray Helms Jr.		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
9607 Robinson Church Rd Harrisburg, NC 28075		Cabarrus County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
980-253-1522	greenthumbdesign@ctc.net	2022	Cabarrus County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Earl Ray Helms Jr.		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
9607 Robinson Church Rd Harrisburg, NC 28075			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
980-253-1522	greenthumbdesign@ctc.net		
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	
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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>			
_____ Printed Name of Treasurer		_____ Signature of Appointed Treasurer	_____ Date
<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>			
Ray Helms _____ Printed Name of Candidate		Ray Helms _____ Signature of Candidate	12-8-21 _____ Date

CABARRUS COUNTY
 BOARD OF ELECTIONS
 DEC 08 2021
 RECEIVED