

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" 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	
Committee to Elect Sabrina Berry			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
POX 1257 Concord, NC		2/24/2022	
c. Committee Website (Optional)		f. Phone Number	
		(202) 981-4772	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Sabrina Berry		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
POX 1257 Concord, NC		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(202) 981-4772	sabrina.berry555@gmail.com	2022	Cabarrus County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Sabrina Berry		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
POX 1257 Concord, NC			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(202) 981-4772	sabrina.berry555@gmail.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	
N/A		Fifth & Third Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		A81	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>Sabrina Berry</u> <u>[Signature]</u> <u>2-24-22</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>Sabrina Berry</u> <u>[Signature]</u> <u>2-24-22</u> Printed Name of Candidate Signature of Candidate Date</p>			

CABARRUS COUNTY BOARD OF ELECTIONS

FEB 24 2022

RECEIVED