Statement of Organization - Candidate Committee

Is this sta	atem	ent:	
New	-	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	Edinylar Stank Inves		
a. Name of Committee		d. ID Number	
Committe to Elcet Br b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
224 Millors + Ar. So Concurs	2-1-2022		
c. Committee Website (Optional)	f. Phone Number		
		704-701-6157	
2. Candidate Information			
a. Full Name	e. Party Affiliation		
Brian Floyd	NON-Partisan		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
224 Hillcrust Ave SE 24015	Schol Boord	1 (Caborens))	
c . Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction	
709-701-6157 Brion & Flord egmil um	2112	Cabirry Couty	
Email copy of report notices 3. Treasurer Information	4. Assistant Treasurer In		
a, Full Name	a. Full Name	niormation	
Michael Chad Tarlton			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include C	ity, State and Zip Code)	
4705 Hannell Lace WW Concod WC 28027			
c. Phone Number d. Email Address	c. Phone Number d. Ema	ail Address	
704-787-2696 Ctarlton Dlegnail. com			
Send report notices by email Yes No	☐ Email copy of report r		
5. Custodian of Books Information (Keeper of Records)	6. Account Information (incl. CRO-3500) a. Financial Institution Full Name		
a. Full Name	A. Financial Institution Full IV	anie	
b. Mailing Address (include City, State, and Zip Code)			
		Can	
c. Phone Number d. Email Address	b. Account Code c. Typ	CABARRUS COUNT	
		OF ELECT	
Email copy of report notices		FFD 0 0	
I certify that the Committee is in compliance with all applic General Statutes and that no funds are commingled with pr this report is complete, true and correct.	ohibited or other non-disclo	sed funds. Huther regify that	
	gnature of Appointed Treasurer	<u> </u>	
Finited Indine of Treasurer 51	Butters of Exploration Treasurer	Date	
I certify that the information above is correct, and I, as the coduties and responsibilities imposed upon the appointed treasures.			
163 of the NC General Statutes.	111	- alada	
Brian Flaged 28/2			
Printed Name of Candidate	Signature of Candidate Date		