## **Statement of Organization - Candidate Committee**

Is this	statem	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.
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1. Committee Info	THE RESERVE OF THE PARTY OF THE		d, ID Number		
THE PERSON NAMED IN COLUMN	ect Chris Measmer				
	nclude City, State and Zip Code)		e. Date Organized		
PO Box 8133, Concord, NC 28027		11/13/2021			
c. Committee Website	(Optional)		f. Phone Number		
	N. S. Charles and Co. Co.	<del></del>	704-783-5880		
2. Candidate Info	rmation		701766 6666		
a. Full Name		e. Party Affiliation			
Christopher Measmer		Republican	Republican		
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought			
PO Box 8133, Concord, NC 28027			County Commissioner		
c . Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction		
704-783-5880			C-1		
☐ Email copy of	report notices	2022	Cabarrus County		
3. Treasurer Info		4. Assistant Treasur	er Information		
a. Full Name		a. Full Name			
Barbara Strang					
b. Mailing Address (in	nclude City, State, and Zip Code	b. Mailing Address (inch	ude City, State and Zip Code)		
PO Box 8133, C	oncord, NC 28027				
c. Phone Number	d. Email Address	c, Phone Number d	l. Email Address		
704-796-3771	bstrang34@gmail,com				
Send report	notices by email Yes	s	port notices		
5. Custodian of B	ooks Information (Keeper	of Records) 6. Account Informs	tion (incl. CRO-3500)		
a, Full Name		a. Financial Institution F			
		Pinnacle	Financial Partner		
b. Mailing Address (in	clude City, State, and Zip Code	<u> </u>	Bank		
		0.000 11 0	( 1 1		
	Transfer of the second	3890 Mams			
c. Phone Number	d. Email Address	b. Account Code c	. Type 20075		
☐ Email copy of		DDA I	Camapign Account		
I certify that the General Statutes this report is com	Committee is in compliance and that no funds are comm uplete, true and correct.	with all applicable provisions of Arti			
Barbara Strar	ng	Barbara Strane	3/4/21.22		
Printe	d Name of Treasurer	Signature of Appointed Treasu	irer Date		
The state of the s	ibilities imposed upon the ap eral Statutes.	and I, as the candidate, appoint said to ppointed treasurer and subject to the p	- •		
	d Name of Candidate	Signature of Candidate	BOARD OF ELL		
Umpto-					

RECEIVED