

# 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	
QP FOR CABARRUS			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO BOX 554 HARRISBURG NC 28075-9702		3-10-22	
c. Committee Website (Optional)		f. Phone Number	
		704-467-3935	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
John Paul		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 554 Harrisburg NC 28075		BOARD OF COMMISSIONERS	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-467-3935	QPservecabarrus@gmail.com	2022	Cabarrus
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Sarah B Kump			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
699 Poplar View Dr. NW Concord, NC 28027			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
206-371-2183	SarahBKump@gmail.com		
Send report notices by email <input 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	
		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
		A	
c. Phone Number	d. Email Address	c. Type	
		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>Sarah B Kump</u>                      <u>Sarah B Kump</u>                      <u>3-10-22</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>John Paul</u>                      <u>John Paul</u>                      <u>3-10-22</u>              Printed Name of Candidate                      Signature of Candidate                      Date         </p>			

CABARRUS COUNTY  
BOARD OF ELECTIONS

MAR 10 2022

RECEIVED