## Statement of Organization - Candidate Committee

Is this s	tatem	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. A  1. Committee Information  a. Name of Committee	didate committee.	□ Am
1. Committee Information	in amended form is required for and	
a. Name of Committee	required for each new elective	on year

1. Committ	ee Information	form CRO-3500.	An amended form is r	equired for ear	ch new alasti	
a. Name of Co				V	in new election year.	
b. Mailing Add	ress (include City, State and	ct Laura	Blackwell		d. ID Number	(1)
5807	Stront C	Zip Code)	, ive		a D + a	
c. Committee W	Stratford  Vebsite (Optional)	Ct. Harn	door Ne	2022	e. Date Organized	
	овие (Орионаі)		DOIG NC	20015		
2. Candidata	T. C.				f. Phone Number	$\neg$
2. Candidate a. Full Name	Information	1022 1887 15	Y X PAULANCE		704-953-817	^
10,100	0, ,	-20	e. Party Affiliatio		133 017	4
h Mailing All	Blackwell		()	of the latest and the		7
an Madding Addre	ess (include City, State, and	Zip Code)	Kepubli	can		
5807 0	tratford C	Haccishy	f. Office Sought			4
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104-472-8	of report notices	1112000	g. Next Election Y		Jurisdiction	-
☐ Email copy	of report notices	III IBEGMA	2022			1
3. Treasurer In a. Full Name	formation	- 00	22. 70	10	Labarrus	ı
a. Full Name			4. Assistant Tre	asurer Inform	ation	1
Dar bar	a Strang (include City, State, and Zi		a. Full Name			
b. Mailing Address	(include City, State and Zi	- C- 13				1
1332 W	necoff School	(Operat	b. Mailing Address (	include City Stor	to and the	
1332 WI	necost School	RANG 2000		old, bia	te and Zip Code)	
. Phone Number	d. Email Address	1 XI NC 2001	7			
704-796-37	7 Lac		c. Phone Number	d. Email Addr		
6. 1	d. Email Address    bstrang346  notices by email	amail.com		d. Eman Addr	ess	
Custodian acr	notices by email	Yes IINo				
Full Name	notices by emzil Dooks Information (Ke	eper of Records)	Email copy of	report notices		
			6. Account Inform a. Financial Institution	totion "	CRO-3500)	
Mailing Address (			Pippogal	ruu Name		
Address (in	clude City, State, and Zip (	Code)	Pinnacle	Bank		
Phone Number			3690 & M	aun st.	Car	
none Number	d. Email Address		Harrisbu	rg, NC	CABARRUS COL	INI-
Fmail -			b. Account Code	c. Type	BOARD OF ELIC	TIO
Email copy of r	eport notices		B2	0101	FEDGO	
certify that 41 - ~				Check	1ng -0 2 8 2 22	
eneral Statutes as	ommittee is in complian	ce with all applica	hle provide		apter 163 of the REVED	
is report is comp	leta that no funds are com	mingled with prob	libited or other -	cle 22A of Cha	apter 163 of the NEVED	
2	ommittee is in complian at that no funds are con lete, true and correct.	7	or other non-d	isclosed funds.	I further certify that	
- Luciu	STIMAG	Bah.	<i>y</i>		,	
	Name of Treaturer	Sim	astrang		Spelan	
tify that the infor	mation above :-	Signa	nue of Appointed Preasur	er	Date	
s and responsibil	mation above is correct ities imposed upon the all Statutes.	, and I, as the cano	lidate, appoint said to	9951186- 4		
f the NC Genera	Statutes	ppointed treasurer	and subject to the ne	vasurer to perso	onally fulfill the	
aura T.	lada all	$\mathcal{D}$	O	manues in Artic	ele 22A of Chapter	
	me of Candidate	Lame 1	Machinella		2/20/	
21004	and of Candidate	S	ignature of Candidate		2/20/22	
		NC State Board o	f Elections		Date	