Statement of Organization - Candidate Committee

Is this statement:		
X New	Amended	

Use this form to create a new or update an existing candidate committee.

Γhis form must be accompanied by form CRO-350	0. An amended form is	s required for each nev	w election year.
1. Committee Information			THE WAY OF THE PARTY OF THE PAR
. Name of Committee		d. ID Num	ber
Committee to Elect James Mclean			1
o. Mailing Address (include City, State and Zip Code)		e. Date Org	ganized
PO Box 364			3/4/2022
Harrisburg, NC 28075			
. Committee Website (Optional)		f. Phone N	
		704	4-258-4503
2. Candidate Information	Doute Affiliation		CARADO LE COUNTY
	e. Party Atmiation	c. Party Affiliation CABARRUS COUNTY	
lames Mclean		Non-Partisan	BOARD OF ELECTIONS
Mailing Address (include City, State, and Zip Code)	f. Office Sought	f. Office Sought MAR 1 4	
5631 Underwood Ave		Cabarrus School Board	
Charlotte, NC 28213		Sabarras School Board	DECENTED.
, Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction	RECEIVED
704-258-4503 jqmspeaks@gmail.com	2022	G-1	ma Canata
☐ Email copy of report notices	2022	Cabari	rus County
3. Treasurer Information	4. Assistant Treas	4. Assistant Treasurer Information	
. Full Name	a. Full Name		
		N/A	
James Q McLean			
o. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	b. Mailing Address (include City, State, and Zip Code)	
5631 Underword Ave			
	c. Phone Number	d. Email Address	
d. Email Address Joms Raks O gmal	c. Phone Number	d. Email Address	
Send report notices by email Yes No	Email copy of	report notices	
5. Custodian of Books Information (Keeper of F			9)
i. Full Name	a. Financial Institution		
N/A	Truliant	Federal Cre	1.+ Union
o. Mailing Address (include City, State, and Zip Code)	b. Purpose		
	Δ.	V	
	Campai	n tinan	w.
. Phone Number d. Email Address	b. Account Code	c. Type	
	1	1 1	
☐ Email copy of report notices	T #	Checicins	5
I certify that the Committee is in compliance with the NC General Statutes and that no funds are confurther certify that this report is complete, true and the NC General Statutes. Printed Name of Treasurer I certify that the information above is correct, and the duties and responsibilities imposed upon the application of Chapter 163 of the NC General Statutes.	mmingled with prohibited correct. Signature of Appointed Tre I, as the candidate, app	asurer 3/	osed funds. I 14/22 Date personally fulfill
James Q. Millen	/ romo ()	$\frac{3}{2}$	17/20
Deinted Name of Condidate	/ Vignature of Candidate	•	Date