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

| Is | this | statem | ent:    |  |
|----|------|--------|---------|--|
|    | New  | D      | Amended |  |

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

|   | accompanied by form CRO-3500. An ame   | ended form is require                                 | ed for each | new election year.            |  |
|---|--|---|-------------|-------------------------------|--|
| 1. Committee Info   | rmation  |   |             | Li mw                         |  |
| 733   | d. ID Number   |   |             |                               |  |
| Sean Timer  | for Cabarres Country Schule City, State and Zip Code)  | chool Boar  | 4           |                               |  |
| b. Mailing Address (inc                                   | clude City, State and Zip Code)  | ,               |             | e. Date Organized             |  |
| 3487 Alist  | 6/3/22 2/11/22   |   |             |                               |  |
| c. Committee Website (                                    | Optional)  |   |             | f. Phone Number               |  |
| NA  |  | 704-791-0939  |             |                               |  |
| 2. Candidate Infor  | mation   |   |             |                               |  |
| a. Full Name  |  | e. Party Affiliation                                  |             |                               |  |
| Sean Mich<br>b. Mailing Address (inc                      | Republican   |   |             |                               |  |
| b. Mailing Address (inc                                   | Reablican f. Office Sought   |   |             |                               |  |
| 3489 Alister  |  |   |             |                               |  |
| Cancord, Nic  | Cabarrus County<br>School Board  |   |             |                               |  |
| c . Phone Number  |  | g. Next Election Year                                 | Art         | h. Jurisdiction               |  |
|   | Scanmterner & yahoo.com  |   |             | RECEIVE                       |  |
| ☐ Email copy of re  | <u> </u>   | 2022  |             |                               |  |
| 3. Treasurer Infori                                       | nation   | 4. Assistant Treasurer Information                    |             |                               |  |
| a. Full Name  |  | a. Full Name  |             | 2011 V 3 6                    |  |
| Chelen (<br>b. Mailing Address (inc                       | CABARRUS C   |   |             |                               |  |
| o. Mailing Address (inc                                   | lude City, State, and Zip Code)  | b. Mailing Address (include City, State and Zap Code) |             |                               |  |
| 8219 Sca<br>Havi  | ulet Dak Ct<br>shing NC 28075  | .,  |             | 0                             |  |
| . Phone Number  | d. Email Address   | c. Phone Number                                       | d. Email A  | ddress                        |  |
| 704-221-2900  | chelsea . carpente you   | 65. (Om   |             |                               |  |
| Sena report no  | ☐ Email copy of report notices   |   |             |                               |  |
| 5. Custodian of Boo                                       | 6. Account Information (incl. CRO-3500)  |   |             |                               |  |
| . Full Name   | a. Financial Institution Full Name   |   |             |                               |  |
|   | Durate R. K  |   |             |                               |  |
| o. Mailing Address (incl                                  | Vinnacle Bank  |   |             |                               |  |
|   | 3890 Main St.  |   |             |                               |  |
|   |  | Herrisburg,   |             | 70×75                         |  |
| Dhone North   | d Frank Address  |   |             | .0013                         |  |
| . Phone Number  | d. Email Address   | b. Account Code                                       | с. Туре     |                               |  |
|   |  | 1 1   | 101 1       |                               |  |
| Email copy of re  | eport notices  |   | Thece       | cing                          |  |
| General Statutes are this report is compared by Printed 1 | ommittee is in compliance with all applicated that no funds are commingled with professer, true and correct.  Name of Treasurer  Name of Treasurer  Signormation above is correct, and I, as the carelities imposed upon the appointed treasural Statutes. | hibited or other non-<br>nature of Appointed Trea     | -disclosed  | funds. I further certify that |  |
| 0 44  | Til (X)  | 1   |             | llal a                        |  |
| Dean M.   | Jurier /   | 1   |             | <u>6/3/22</u>                 |  |
| Printed N   | Jame of Candidate  | Monahad of Candidate                                  |             | Data                          |  |