Statement of Organization - Candidate Committee

Is	this s	tatem	ent:	
X	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 am	ended form is require	ed for each no	ew election year.			
1. Committee Info	rmation	us Mariah I pie week					
a. Name of Committee	d. ID Number						
Robert b. Mailing Address (in							
1721 Ha	mpton Forest Dr.	Calacala	d 2800	e. Date Organized			
c. Committee Website	f. Phone Number						
2 Candidata I. C				704-711-4587			
2. Candidate Infor a. Full Name	mation						
		e. Party Affiliation					
Robert Van Fletcher Jr. b. Mailing Address (include City, State, and Zip Code) f. Office Sought							
b. Mailing Address (in	clude City, State, and Zip Code)	f. Office Sought					
1721 Ham	pton Forest Dr.						
c . Phone Number	g. Next Robfletch radio a g. Next TOU-777-6587 amail. COM Email copy of report notices		h. J	urisdiction			
204-227-155	KOBT LETEN LA ALORD						
T Email conv of re	enormatices	-	1				
3. Treasurer Infor	mation	A desired water					
a. Full Name	THE COLUMN	4. Assistant Treasurer Information a. Full Name					
0 1 1	1-1 5 1	a. I dit I tante					
Robert Van	Fletchen Jr, clude City, State, and Zip Code)						
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (in	b. Mailing Address (include City, State and Zip Code)				
ATTOL HALLS	ton Frank DM						
e Phone Number	d. Email Address						
Ont 700/500	u. Eman Address	c. Phone Number	d. Email Addı	ress			
1077776387	Robfletchradia amo	:1					
Send report no	otices by email Yes PNo	Email sany of a	and the second second second				
5. Custodian of Bo	oks Information (Keeper of Records)		Email copy of report notices 6. Account Information (incl. CRO-3500)				
a. Full Name	(Leeper of Records)	a. Financial Institution	E. II Manage				
		and a manifest master than		VTIALL			
				ARRIS COUNT			
b. Mailing Address (inc	lude City, State, and Zip Code)	CABARRUS COUNTY					
				JUN 1 3 2022			
c. Phone Number	d. Email Address	b. Account Code	с. Туре	JUNIO			
		bi Account Code	c. Type	-n/ED			
☐ Email copy of re	anart nations	-		RECEIVED			
Linan copy of it	sport nouces						
I certify that the Co	ommittee is in compliance with all applic	able provisions of Ar	ticle 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.							
Kahart Flotchar Bot set 7 Mitim (12 as							
Printed	Name of Treasurer	290 T	escua	6-12-99			
Printed Name of Treasurer Signature of Appointed Treasurer Date							
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.							
Deboot Eletabore Malert 7 At the allen							
DODENT LIEICHEN TALLAN (2-13-77)							
Printed Name of Candidate Signature of Candidate Date							