

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.

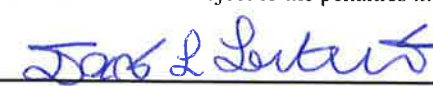
1. Committee Information			
a. Name of Committee		d. ID Number	
Committee to Elect JACK Lambert			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
57 Union St S Suite 402 Concord NC 28025			
c. Committee Website (Optional)		f. Phone Number	
		704 668 7601	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Jack Lambert			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
57 Union St S Suite 402 Concord NC 28025		Concord City Council District 2	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704 668 7601	JackLambert459@gmail.com	2023	City of Concord
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jacob Abel			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
534 Havenbrook Way NW, Concord, NC 28027			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
980-248-4749	jacobaabel@gmail.com		
<input type="checkbox"/> 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	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address		
<input checked="" type="checkbox"/> Email copy of report notices			

RECEIVED
 OCT 26 2022
 CABARRUS COUNTY
 BOARD OF ELECTIONS

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.

<u>Jacob Abel</u> Printed Name of Treasurer	 Signature of Appointed Treasurer	<u>10/26/22</u> Date
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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.

<u>Jack Lambert</u> Printed Name of Candidate	 Signature of Candidate	<u>10/26/22</u> Date
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