
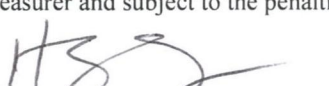


Statement of Organization - Candidate Committee

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	
Holden for Kannapolis			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
803 Sprucewood St Kannapolis NC 28088		04/20/2023	
c. Committee Website (Optional)		f. Phone Number	
		2092 704 699 2092	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Holden Brent Sides			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
803 Sprucewood St Kannapolis NC 28081		City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704 699 2092	sideshb94@yahoo.com	2023	Kannapolis
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Holden Sides			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
803 Sprucewood St Kannapolis NC 28081			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704 699 2092	sideshb94@yahoo.com		
Send report notices by email <input checked="" 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	
		Waharrie Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
		1	
c. Phone Number	d. Email Address	c. Type	
		Economy checking	
<input type="checkbox"/> Email copy of report notices			
<p>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.</p>			
<p>Holden Sides Printed Name of Treasurer</p>		<p> Signature of Appointed Treasurer</p>	<p>4/20/23 Date</p>
<p>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.</p>			
<p>Holden Sides Printed Name of Candidate</p>		<p> Signature of Candidate</p>	<p>4/20/23 Date</p>

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IN-PERSON

APR 21 2023

CABARRUS COUNTY
BOARD OF ELECTIONS