

DUE 7/17

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	
Milton Smith for City Council		240156409	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
504 Terrace Dr. Kannapolis, NC 28083		7-11-23	
c. Committee Website (Optional)		f. Phone Number	
		704-425-2685	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Milton Edward Smith			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
504 Terrace Dr. Kannapolis, NC 28083		Kannapolis City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-425-2685	pinkymccat@yahoo.com	2023	Kannapolis City / Cabarrus County
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Milton Edward Smith			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
504 Terrace Dr. Kannapolis, NC 28083			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-425-2685	pinkymccat@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	
Milton Edward Smith		RECEIVED IN-PERSON	
b. Mailing Address (include City, State, and Zip Code)		JUL 14 2023	
504 Terrace Dr. Kannapolis, NC 28083		CABARRUS COUNTY BOARD OF ELECTIONS	
c. Phone Number	d. Email Address	b. Account Code	c. Type
704-425-2685	pinkymccat@yahoo.com		
<input checked="" type="checkbox"/> Email copy of report notices			

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.

Milton Edward Smith Milton Smith 7/10/23
 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.

Milton Edward Smith Milton Smith 7/10/23
 Printed Name of Candidate Signature of Candidate Date