DUE 7/30 (F 7/28)

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

Is	this	statement:
	New	Amended

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

	accompanied by form CRO-3500. An am		ed for and	new election year		
1. Committee Info		chaca form is requir	cu ioi eaci	i new election year.		
a. Name of Committee	d. ID Number					
Hagurfo	assumir.					
b. Mailing Address (inc	clude City, State and Zip Code)			e. Date Organized		
225 Huds	an Drive Harrisburg NC	. 25075		7.27.23		
c. Committee Website (	Optional)			f. Phone Number		
				704773-6488		
2. Candidate Infor	mation					
a. Full Name	e. Party Affiliation					
Justin T		_				
b. Mailing Address (inc	f. Office Sought					
225 Huds	Harnsbury City Comcil					
c . Phone Number	d. Email Address	g. Next Election Year	r	h. Jurisdiction		
704 773	Justinhaghreagmail zen			vi vi		
☐ Email copy of re	eport notices					
3. Treasurer Infor	mation	4. Assistant Trea	surer Info	rmation		
a. Full Name		a. Full Name				
	Buff Hagher	-				
	clude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
6425 Roc	ky River Read					
Concord	NC. 28025					
c. Phone Number	d. Email Address	c. Phone Number	d. Email	Address		
704 699	timhaghr Chundstram.ne	+				
	otices by email	☐ Email copy of	report not	ices		
5. Custodian of Bo	oks Information (Keeper of Records)	6. Account Information (incl. CRO-3500)				
a. Full Name		a. Financial Instituti	on Full Name	e		
b. Mailing Address (inc			RECEIVED			
				N-PERSON		
				2.7.2022		
c. Phone Number	d. Email Address	b. Account Code	c. Type	L 21 2023		
			CABA	RRUS COUNTY		
■ Email copy of r	report notices		BOARD	O OF ELECTIONS		
I certify that the C	committee is in compliance with all applie	cable provisions of	Article 22A	of Chapter 163 of the NC		
	and that no funds are commingled with pr	ohibited or other no	n-disclosed	d funds. I further certify that		
this report is comp	plete true and correct.	1. 11	//	7 07 0		
Tim Hadler New I Walle tidtion						
Printed	Name of Teasurer S	gnature of Appointed Tr	easurer	Date		
Table 1		V V	()	11 0 1011 1		
I certify that the information above is correct, and I, as the candidate appoint said reasurer 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.						
JUSM	D. Hay Lev	1		7.27.23		
Printed Name of Candidate Signature of Candidate Date						

CRO-2100A

C State Board of Elections

November 2019