

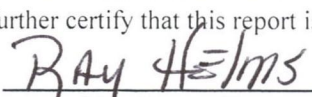
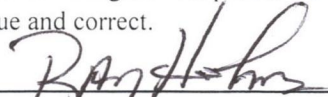
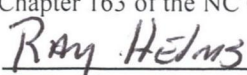

Statement of Organization - Candidate Committee

Is this statement:

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 amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Committee to Elect Ray Helms			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
9607 Robinson Church Rd. Harrisburg, NC 28075			
c. Committee Website (Optional)		f. Phone Number	
		980-253-1522	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Ray Helms		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
9607 Robinson Church Rd. Harrisburg, NC 28075		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
980-253-1522	rayhelms@rayhelms.com	2024	County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Ray Helms		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
9607 Robinson Church Rd. Harrisburg, NC 28075			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
980-253-1522	rayhelms@rayhelms.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	
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		RECEIVED IN PERSON DEC 04 2023	
c. Phone Number	d. Email Address	b. Account Code	c. CABARRUS COUNTY BOARD OF ELECTIONS
<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>			
 Printed Name of Treasurer		 Signature of Appointed Treasurer	
		12-4-23 Date	
<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>			
 Printed Name of Candidate		 Signature of Candidate	
		12-4-23 Date	