Statement of Organization - Candidate Committee

| Is this state | ment: |
|---------------|---------|
| X 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.

| | formation | | | | |
|---|--|---|--|--|--|
| 1. Committee Inf | Steel Little Control of the Control | | d. ID | Number | |
| Committee to Elect Larry Pittman | | | 26 | 26-0803459 | |
| b. Mailing Address (include City, State and Zip Code) | | | | Organized | |
| 250 Roberta Rd. | | | | 12/15/2023 | |
| Concord, NC 28027 | | | f. Pho | ne Number | |
| c. Committee Website (Optional) | | 11.7110 | 704-782-3528 | | |
| 2. Candidate Inf | ormation | | | | |
| a. Full Name | | e. Party Affiliation | | | |
| Larry Graham Pit | tman | Republican | | | |
| | include City, State, and Zip Code) | f. Office Sought | | | |
| 250 Roberta Rd. | er versent de engrische Officier Met eine der gemeinster der Belle Betreit von der Stelle Belle Belle Stelle Belle Bell | | | nar | |
| Concord, NC 280 | 27 | | County Commission | | |
| c . Phone Number | d. Email Address | g. Next Election Year | h. Jurisdie | h. Jurisdiction | |
| | electpittman@gmail: | 2024 | 2024 C | | |
| Email copy of | | | T. C | . THE HEALTH WAS | |
| 3. Treasurer Inf | ormation | 4. Assistant Treas | irer information | | |
| 2 004101 104411 (5-10004) (500) | | a, r un rvame | NIZA | | |
| Larry Graham Pit | | N/A | | | |
| | (include City, State, and Zip Code) | b. Mailing Address (include City, Stat | | IN-PERSON | |
| 250 Roberta Rd. Concord, NC 280 | 127 | | | TO 4 0 0 | |
| c. Phone Number | d. Email Address | c. Phone Number d. Email Address EC 1, 8 2023 | | | |
| 704-782-3528 | electpittmanagmail. | | CABARRUS COUNTY BOARD OF ELECTIONS | | |
| Send report not | tices by email Yes X No | ☐ Email copy of | report notices | | |
| 5. Custodian of | Books Information (Keeper of Re | c 6. Account Inform | ation (incl. CRC | 0-3500) | |
| a. Full Name | N/A | a. Financial Institution Full Name Well's Fargo Bank, Union Street Branch | | | |
| b. Mailing Address | (include City, State, and Zip Code) | b. Purpose | | J. A. 1 100 1 CO 1 C | |
| 2 | | Campaign Account | | | |
| c. Phone Number | d. Email Address | b. Account Code | c. Type | | |
| | A AND A COLUMN TO THE PERSON OF THE PERSON O | 0 | C | Checking | |
| ☐ Email copy | of report notices | 0 | C | | |
| the NC Genera further certify t | e Committee is in compliance with a l Statutes and that no funds are comhat this report is complete, true and Shame of Treasurer | mingled with prohibi | ted or other non- | A of Chapter 163 of disclosed funds. I | |
| the duties and res of Chapter 163 o | information above is correct, and I, sponsibilities imposed upon the app of the NC General Statutes. G. P. Hman | , as the candidate, appointed treasurer and | point said treasur subject to the pen | er to personally ful alties in Article 22 | |
| Printed | Name of Candidate | Signature of Candidat | - | Date | |