

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 Eulonda Rushing			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
4420 Falls Lake Dr. SW Concord, NC 28025		12/15/2023	
c. Committee Website (Optional)		f. Phone Number	
		405-919-2865	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Eulonda Rushing		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
4420 Falls Lake Dr. SW Concord, NC 28025		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
405-919-2865	eulondaj@gmail.com	2024	Cabarrus County
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Eulonda J Rushing		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email		Email copy of report notices	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
			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> <u>Eulonda J Rushing</u> <u>[Signature]</u> <u>12/15/23</u> Printed Name of Treasurer Signature of Appointed Treasurer 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> <u>Eulonda J Rushing</u> <u>[Signature]</u> <u>12/15/23</u> Printed Name of Candidate Signature of Candidate Date </p>			

RECEIVED BY MAIL
 DEC 28 2023
 CABARRUS COUNTY BOARD OF ELECTIONS