Statement of Organization - Candidate Committee

Is this sta	atement:	
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 0		1		in her election year.	
1. Committee Infor a. Name of Committee	mation			d. ID Number	
Committee to El	d. 1D Number				
b. Mailing Address (inc	e. Date Organized				
	4/24/2025				
1389 Lloyd PL NW, Concord, NC 28027 c. Committee Website (Optional)				f. Phone Number	
www.electda			704-886-4942		
2. Candidate Inform	nation			701000 4042	
a. Full Name		e. Party Affiliation			
David Conrad		Republican			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought			
•					
1389 Lloyd PL NW, Concord, NC 28027		Cabarrus County Commissioner			
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction	
704-886-4942	info@electdavidconrad.com				
☐ Email copy of re		2026		Cabarrus	
3. Treasurer Information		4. Assistant Treasurer Informa		rmation	
a. Full Name		a. Full Name			
Keith Laibson					
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Cote)/ED			
				IN-PERSON	
5028 Daffodil Ln Concord, NC 28025			29,	APR 2 4 2025	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
704-425-4943	klaibson@yahoo.com		CABARRUS COUNTY BOARD OF ELECTIONS		
Send report notices by email Yes No		☐ 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			
D. Mailing Address (include City, State, and Zip Code)		Pinnacle			
o. Mailing Address (inclu	ide City, State, and Zip Code)				
3890 Main	St Harrisburg 28075				
. Phone Number	d. Email Address	b. Account Code	a Tuno		
704-455-1070	2	b. Account Code	с. Туре		
☐ Email copy of report notices		1A	Checking		
	mmittee is in compliance with all applica				
General Statutes and	d that no funds are commingled with prob	hibited or other non-	disclosed	funds. I further certify that	
this report is comple	ete, true and correct.	1		•	
Keith Laibsor	de L.L	4/24/2025			
Printed N	Jame of Treasurer Sign	nature of Appointed Treas	surer	Date	
I certify that the info	mation above is correct, and I as the car	ndidate appoint said	transurar	to personally fulfill the	
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the luties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter					
63 of the NC General Statutes.					
David Conrac	())	(/)	/	4/24/2025	
Printed Name of Candidate		Signature of Candidate		Date	
VT-0					