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 Resa Travis	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
PO BOX 8133, Concord, NC 28027	9/17/2025
c. Committee Website (Optional)	**f. Phone Number**

2. Candidate Information

a. Full Name	e. Party Affiliation
Resa Travis	Republican
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
PO Box 8133 Concord, NC 28027	Clerk of Superior Court

c . Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-619-2715	Resa@voteresatravis.com	2026	Cabarrus

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3. Treasurer Information

a. Full Name
Barbara Strang
b. Mailing Address (include City, State, and Zip Code)
PO Box 8133 Concord, NC 28027

c. Phone Number	d. Email Address
704-796-3771	bstrang34@gmail.com

Send report notices by email ☐ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name
b. Mailing Address (include City, State and Zip Code)

c. Phone Number	d. Email Address

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5. Custodian of Books Information (Keeper of Records)

a. Full Name
Barbara Strang
b. Mailing Address (include City, State, and Zip Code)
PO Box 8133 Concord, NC 28027

c. Phone Number	d. Email Address
704-796-3771	bstrang34@gmail.com

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6. Account Information *(incl. CRO-3500)*

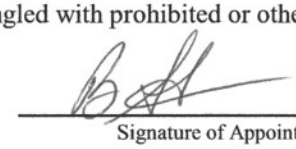
a. Financial Institution Full Name

RECEIVED
IN-PERSON
SEP 26 2025
CABARRUS COUNTY
BOARD OF ELECTIONS

b. Account Code	c. Type

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.

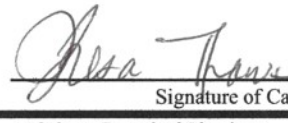
Barbara Strang — Printed Name of Treasurer

 — Signature of Appointed Treasurer

9/26/25 — Date

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.

Resa Travis — Printed Name of Candidate

 — Signature of Candidate

9/26/25 — Date