Statement of Organization - Candidate Committee

Is	this	statement:	
V	New	Amended	

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by	y form CRO-3500.	An amended form is required for each new election year	ır.
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1. Committee Information A. ID Number	Charles and a second of the se	companied by form CRO-3300. An ame	naca form is required	. Tor caci	1 110 1	r ciccion jear.			
Committee to Elect Ben Cox Mailing Address (include City, State, and Zip Code) P O Box 263, Concord NC 28026 Candidate Information Je National Address (include City, State, and Zip Code) P O Box 263 Candidate Information Je National Address (include City, State, and Zip Code) P O Box 263 Concord, NC 28026 Cabarrus County Clerk of Court Cabarrus Demail copy of report notices Je Next Election Year Je Next Election Year Je National Court Cabarrus A. Assistant Treasurer Information Je National Court Cabarrus Ben Allen Cox Mailing Address (include City, State, and Zip Code) Mailing Address (include City, State, and Zip Code) D Anailing Address (include City, State, and Zip Code) D O Box 263 OCT 0 8 2025 Cabarrus Ben Allen Cox Je Phone Number Je State and Zip Code) D. Mailing Address (include City, State, and Zip Code) D O Box 263 OCT 0 8 2025 Cabarrus Ben Allen Cox Je Phone Number Je State and Zip Code) D O Box 263 Concord, NC 28026 Cabarrus Ben Allen Cox Je Phone Number Je State and Zip Code) D O Box 263 Concord, NC 28026 Cabarrus D D D D D D D D D D D D D D D D D D D		mation				d ID Noorbor			
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Concord, NC 28026 c. Phone Number d. Email Address g. Next Election Year Date of Cabarrus coxforclerkofcourt@gmail.com Email copy of report notices a. Full Name Ben Allen Cox b. Mailing Address (include City, State, and Zip Code) P O Box 263 Concord, NC 28026 c. Phone Number d. Email Address c. Phone Number d. Email Address CABARRUS COUNTY BOARD OF ELECTIONS Send report notices by email Yes No S. Custodian of Books Information (Keeper of Records) a. Full Name Ben Allen Cox b. Mailing Address (include City, State, and Zip Code) Send report notices by email Yes No S. Custodian of Books Information (Keeper of Records) a. Full Name Ben Allen Cox b. Mailing Address (include City, State, and Zip Code) P O Box 263 Concord, NC 28026 c. Phone Number a. Full Name Ben Allen Cox b. Mailing Address (include City, State, and Zip Code) P O Box 263 Concord, NC 28026 c. Phone Number a. Full Name Ben Allen Cox b. Mailing Address (include City, State, and Zip Code) P O Box 263 Concord, NC 28026 c. Phone Number d. Email Address b. Account Code c. Type Concord, NC 28026 c. Type Concord, NC 28026 c. Phone Number d. Email Address b. Account Code c. Type Checking 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. Ben Allen Cox Printed Name of Treasurer 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. Ben Allen Cox 10/8/25	b. Mailing Address (incl	ude City, State, and Zip Code)	f. Office Sought						
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