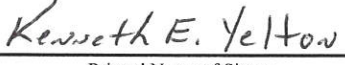
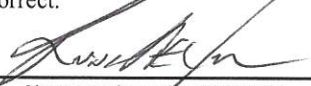


# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Diane Honeycutt for County Commissioner		NA	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2635 Danbury Circle, NW Concord, NC 28027		June 26, 2017	
		e. Phone Number	
		704-791-2807	
2. Candidate Information			
		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Diane Ree Honeycutt			Republican
		(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
2635 Danbury Cir, NW. Concord NC 28027		County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
704-791-2807	Diane.honeycutt@atcmail.com	2018	Cabarrus
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Ken Yelton		NA	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
822 Waverly Ct. NE. Concord, NC 28025			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-467-3205	Kyelton@uwharrie.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
NA		Uwharrie Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Finance	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		A	Checking
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		6-26-17 Date	