

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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		
Committee to Re-Elect L. Scott Brannigan					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
1409 N MAIN ST. MT. PLEASANT NC 28124					
			e. Phone Number		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		c. Candidate ID Number		f. Party Affiliation	
Leonard Scott Brannigan				-	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
1409 N. MAIN ST. MT PLEASANT NC 28124		Commissioner			
e. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
704/436-6236	scbrannigan@hotmail.com				
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Leonard Scott Brannigan			RECEIVED		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
Same as Above			JUL 18 2017		
			CABARRUS COUNTY BOARD OF ELECTIONS		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name		NA	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
c. Phone Number	d. Email Address	c. Account Code	d. Type		
<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.					
L. Scott Brannigan		[Signature]		7/18/17	
Printed Name of Signer		Signature of Appointed Treasurer		Date	