

FEB 9 2018

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	
Committee to Elect Chuck Stanec			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
11156 River Oaks Dr NW Concord, NC 28027		2/9/18	
		e. Phone Number	
		(704) 390-3387	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Charles "Chuck" Stanec			Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
11156 River Oaks Dr NW Concord, NC 28027		County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
(704) 390-3387	elect.chuck.stanec@gmail.com	2018	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Barbara Strang		Barbara Strang	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1332 Winecuff School Rd. Concord, NC 28027		1335 Winecuff School Rd. Concord, NC 28027	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-790-3771	bstrang34@gmail.com	704-790-3771	bstrang34@gmail.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 <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	
		BB + T Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Checking account for Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	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.			
Barbara Strang <small>Printed Name of Signer</small>		Barbara Strang <small>Signature of Appointed Treasurer</small>	2/9/18 <small>Date</small>

2/9/18