

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 DK Helms For Midland Town Council		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 1777 Cal Bost Rd Midland N.C. 28107		d. Date Organized 7/6/2019	
		e. Phone Number 704 906 0500	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Darrell K Helms		e. Candidate ID Number	f. Party Affiliation Independent <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 1777 Cal Bost Rd Midland NC 28107		g. Office Sought Midland NC Town Council	
c. Phone Number 704 906 0500	d. Email Address DKHelmsmaint@msn.com	h. Next Election Year 2019	i. Jurisdiction Midland N.C.
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Darrell K Helms		a. Full Name Darrell K Helms	
b. Mailing Address (include City, State, and Zip Code) 1777 Cal Bost Rd Midland NC 28107		b. Mailing Address (include City, State, and Zip Code) 1777 Cal Bost Rd Midland NC 28107	
c. Phone Number 704 906 0500	d. Email Address DKHelmsmaint@msn.com	c. Phone Number 704 906 0500	d. Email Address DKHelmsmaint@msn.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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name N/A		a. Financial Institution Full Name Fifth Third Bank	
b. Mailing Address (include City, State, and Zip Code) CABARRUS COUNTY BOARD OF ELECTIONS JUL 8 2019		b. Purpose checking account for DK Helms for Midland Town Council	
c. Phone Number	d. Email Address RECEIVED	c. Account Code 2055	d. Type 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.			
Darrell K Helms Printed Name of Signer		Darrell K Helms Signature of Appointed Treasurer	7/6/2019 Date