CABARRUS COUNTY
BOARD OF ELECTIONS
Statement of Organization - Candidate Committee
Statement to create a new or update an existing candidate committee.
This form must be accompanied by forms CRO-3100 and CRO-3500 for the

lme	endment		/
	Yes	II N	0

Corne torin to	ereate a new or apaute an existing	andidate committee.			
This form must l	be accompanied by forms CRO-310	0 and CRO-3500 (when	amending	only re-submit	if applicable

This form must be accompanied by forms CRO-3100 and Cr	KO-3300 (witer amending, on	ry re-subilit (r applicable).				
1. Compattee Information						
R at Thirt Name		c. ID Number				
Chris Gordon Campai	00					
Chris Gordon Campai b. Mailing Address (include City, State and Zip Code)	d. Date Organized					
	u. Date Organized					
2394 Shady Lane Ave.	EX+	7/21/19				
		U SASSATTI A				
Kannapolis, NC 28081		e. Phone Number				
Kannaporis, 10 - 20001		704-956-9782				
		781 788 1181				
2. Candidate Information	☐ Candida	ite's Primary Committee				
a. Full Name	e. Candidate ID Number	f. Party Affiliation				
Chris Gordon	1	L				
Criris Gordon		(Indicate Non-partisan if applicable)				
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought					
2394 Shady Lane Ave. Ext.	T					
Vananalis Na 28081	Kannapolis	City Council				
Kannapolis, NC 28081	-					
c . Phone Number d. Email Address	h. Next Election Year	. Jurisdiction				
704-956-9782 chris, cg4kcc egmail.com						
	1 2019 1					
☐ Email copy of notices						
3. Treasurer Information	4. Custodian of Books Information					
a. Full Name	a. Full Name					
Ranias Gardon	Λ , —					
Regina Gordon	Amber Thomas					
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)					
911 Victoria Ave.	b. Mailing Address (include City, State, and Zip Code)					
Kannapolis, NC 28081	Kannapolis, NC 28081					
c. Phone Number d. Email Address	c. Phone Number d. Email Ac					
704-918-0784 regina_gordon e yahoo.com	704-794-8236 mbrgordon 26 Eyahoo, com					
	Email copy of notices					
5. Assistant Treasurer Information Add	6. Account Information (incl. CRO-3500) Add					
a. Full Name Remove	a, Financial Institution Full Name Remove					
	T: , D 1					
	First Bank					
b. Mailing Address (include City, State, and Zip Code)	b. Purpose					
	Campaign	Transactions				
		,, 5, 35(6) , 1, 1				
c. Phone Number d. Email Address	c. Account Code d. Type					
	an Type					
	CCI CK	rantino				
Tr. depart c	COI	necking				
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 conject.						
negina Gordon Treas	negina Gordon 7 jagua Woldon 7/21/19					
Printed Name of Signer Sunature of Appointed Treasurer Date						