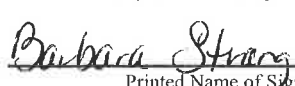
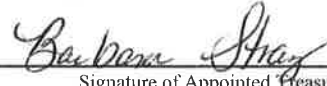


Statement of Organization - Candidate Committee

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 Committee to Elect Barbara Strang		c. ID Number	
b. Mailing Address (include City, State and Zip Code) PO Box 8133 Cocnord, NC 28027		d. Date Organized 12/2/2019	
		e. Phone Number 704-796-3771	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee
a. Full Name Barbara Strang		b. Candidate ID Number	f. Party Affiliation Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 1332 Winecoff School Road Concord, NC 28027		g. Office Sought County Commissioner	
c. Phone Number 704-796-3771	d. Email Address Barbara4commissioner@gmail.com	h. Next Election Year 2020	i. Jurisdiction Cabarrus County
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Barbara Strang		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 1332 Winecoff School Road Concord, NC 28027		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 704-796-3771	d. Email Address Barbara4commissioner@gmail.com	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		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		12/2/19 Date	

CABARRUS COUNTY
BOARD OF ELECTIONS

DEC 3 2019

RECEIVED