

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Sabrinaberry2020			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
555 Clearwater drive Concord NC 280027		12/13/2019	
c. Committee Website (Optional)		f. Phone Number	
sabrinaberry2020.com		704-905-6159	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Sabrina Berry		D	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
555 Clearwater Drive Concord NC 201827		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-905-6159	sabrina,berry555@gmail.com	2020	Cabarrus
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Sabrina Berry			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
555 Clearwater Drive Concord NC 28027			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
7049056159	info@sabrinaberry2020.com		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Fifth and third			
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		A81	Checking
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p>Sabrina Berry _____ 4/1/2020 Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p>Sabrina Berry _____ 4/1/2020 Printed Name of Candidate Signature of Candidate Date</p>			

RECEIVED
 APR 29 2020
 CABARRUS COUNTY
 BOARD OF ELECTIONS