

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input 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	
Committee to Elect Mike Tallent			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
12417 Holt Kay rd Midland NC 28107		7-22-21	
c. Committee Website (Optional)		f. Phone Number	
		704-858-0430	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Mike Tallent		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
12417 Holt Kay rd Midland NC 28107		Town Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-858-0430	MidlandTallent@AOL.com	2021	Midland
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jessica Carpenter			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
3070 Midland Ave Midland NC 28107			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-668-1887	MidlandTallent@AOL.com		AOL.com
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Email copy of report notices		<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	
		CABARRUS COUNTY BOARD OF ELECTIONS	
b. Mailing Address (include City, State, and Zip Code)			
		JUL 22 2021	
c. Phone Number	d. Email Address	b. Account Code	c. Type
			RECEIVED
<input type="checkbox"/> Email copy of report notices			

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.

_____ Printed Name of Treasurer _____ Signature of Appointed Treasurer _____ Date

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.

Mike Tallent _____ Signature of Candidate

Printed Name of Candidate _____

CABARRUS COUNTY
BOARD OF ELECTIONS

JUL 22 2021

RECEIVED

CABARRUS COUNTY
BOARD OF ELECTIONS

JUL 19 2021

RECEIVED