

7/24/21

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 Phil Goodman			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1005 CENTRAL AVE KANNAHOLIS NC 28083		7-16-21	
c. Committee Website (Optional)		f. Phone Number	
		704 796 0803	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Phillip Michael Goodman (Phil)		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1005 CENTRAL AVE KANNAHOLIS NC 28083		City of Kannapolis Council Member	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704 796 0803	philandjeanegoodman@carolina.rr.com	2021	KANNAHOLIS
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Phillip Michael Goodman			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1005 Central Blvd Kannapolis NC 28083			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704 796 0803	philandjeanegoodman@carolina.rr.com		
Send report notices by email <input checked="" 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	
Phillip Michael Goodman		Wharrie Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
1005 Central Blvd Kannapolis NC 28083		A-1	
c. Phone Number	d. Email Address	c. Type	
704 796 0803	philandjeanegoodman@carolina.rr.com	Personal checking	
<input checked="" 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.			
Phillip Michael Goodman Printed Name of Treasurer		Phillip Michael Goodman Signature of Appointed Treasurer	
		7-26-21 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.			
Phillip Michael Goodman Printed Name of Candidate		Phillip Michael Goodman Signature of Candidate	
		7-26-21 Date	

RECEIVED
JUL 26 2021
CABARRUS COUNTY BOARD OF ELECTIONS