

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	
Elect Brenda McCombs			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
201 Brookshire Ave Kannapolis, NC		12/6/2021	
c. Committee Website (Optional)		f. Phone Number	
		704-791-6999	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Brenda Elaine McCombs			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
201 Brookshire Ave Kannapolis, NC		Kannapolis School Board	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-791-6999	votebmcombs@gmail.com	2022	Kannapolis
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Brenda Elaine McCombs		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
201 Brookshire Ave Kannapolis, NC			
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
704-791-6999	votebmcombs@gmail.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	
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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>			
_____		_____	
Printed Name of Treasurer		Signature of Appointed Treasurer	
_____		_____	
Date		Date	
<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>			
Brenda McCombs		Brenda McCombs	
Printed Name of Candidate		Signature of Candidate	
_____		_____	
Date		Date	
12/6/21		12/6/21	

**CABARRUS COUNTY
 BOARD OF ELECTIONS**
 DEC 06 2021
 RECEIVED