

# Statement of Organization - Candidate Committee

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.

Is this statement:  
 New  Amended

## 1. Committee Information

a. Name of Committee <b>Committee to Elect Laura Blackwell</b>	d. ID Number
b. Mailing Address (include City, State and Zip Code) <b>5807 Stratford Ct. Harrisburg NC 28075</b>	e. Date Organized
c. Committee Website (Optional)	f. Phone Number <b>704-953-8170</b>

## 2. Candidate Information

a. Full Name <b>Laura Blackwell</b>	e. Party Affiliation <b>Republican</b>
b. Mailing Address (include City, State, and Zip Code) <b>5807 Stratford Ct Harrisburg NC 28075</b>	f. Office Sought <b>Board of Education</b>
c. Phone Number <b>704-953-8170</b>	g. Next Election Year <b>2022</b>
d. Email Address <b>lblackwell178@gmail.com</b>	h. Jurisdiction <b>Cabarrus</b>

## 3. Treasurer Information

a. Full Name <b>Barbara Strang</b>
b. Mailing Address (include City, State, and Zip Code) <b>1332 Winecuff School Rd Concord NC 28027</b>
c. Phone Number <b>704-796-3771</b>
d. Email Address <b>bstrang34@gmail.com</b>

## 4. Assistant Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)
c. Phone Number	d. Email Address

Send report notices by email  Yes  No

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name <b>Pinnacle Bank</b>
b. Account Code <b>B2</b>
c. Type <b>checking</b>

CABARRUS COUNTY BOARD OF ELECTIONS  
 FEB 28 2022  
 RECEIVED

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.

**Barbara Strang**  
 Printed Name of Treasurer

**Barbara Strang**  
 Signature of Appointed Treasurer

**2/28/22**  
 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.

**Laura Blackwell**  
 Printed Name of Candidate

**Laura Blackwell**  
 Signature of Candidate

**2/28/22**  
 Date