Statement of Organization - Candidate Committee

Is this statement: New New ☐ 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	
b. Mailing Address (include City, State and Zip Code) le Date Organized					
					1
4455 Mt. Pleasant Rd. S Concord NC 28025 6122122					
c. Committee Website			f. Phone Number	1	
			104-796-5792		
2. Candidate Information					-
a. Full Name	e. Party Affiliation			1	
Victoria P	Republica				
b. Mailing Address (inc	Republican f. Office Sought			-	
				1	
4455 Mt. Pleasant Rd. S. Concord		So: 1 + Water Supervisor			
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction	1
704.796-5792	VIP 5599 @ adl. com				
☐ Email copy of report notices		3022			
3. Treasurer Information		4. Assistant Treasurer Information			1
a. Full Name		a. Full Name			1
Victoria P. Porter		Thomas E. Porter IR			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)			1
4455 ml. Pleasant Ro. S.		4			i
Concord NC 28025		7			1
	d. Email Address	c. Phone Number d. Email Address			ı
704 796-5792	VIPSSTA @ aoi.com	701 796-5993 teparter 02 @aol.com			
Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records)		☐ Email copy of report notices			
5. Custodian of Boo a. Full Name	6. Account Information (incl. CRO-3500)				
a. I un Mame	. Financial Institution Full Name				
b. Mailing Address (include City, State, and Zip Code)					
b. Mailing Address (incl	CARAPPUR				
		CABARRUS BOARD OF T			COUNTY
				BOARD OF E	LECTIONS
c. Phone Number	d. Email Address	b. Account Code	с. Туре	JUL 01	2022
					1.02.2
☐ Email copy of re	port notices			RECEN	ED
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.					LD
Victoria P. Porter					
Printed N	ature of Appointed Treas	urer	Date		
certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the					
luties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter					
63 of the NC General Statutes.					
Victoria P. Porter Victoria P. Porte 6/26/22					
Printed Name of Candidate Signature of				<u> </u>	
				Date	

Date