

DUE 7/30

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	
Lapish FOR MAYOR			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1584 BERRINGER, STREET 28124		7/20/2023	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
TONY ALLEN LAPISH			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1584 MT. PLEASANT N.C. 28124		MAYOR	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
	TONYALAPISH@BUCKETMAIL.COM	23	MP
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
TONY ALLEN LAPISH			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1584 BARRINGER STREET 28124			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input 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	
b. Mailing Address (include City, State, and Zip Code)			
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> <p> <u>TONY ALLEN LAPISH</u> <u>TONY ALLEN LAPISH</u> <u>7-20/2023</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <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> <p> <u>TONY ALLEN LAPISH</u> <u>TONY ALLEN LAPISH</u> <u>7/20/2023</u> Printed Name of Candidate Signature of Candidate Date </p>			

RECEIVED
IN-PERSON
JUL 20 2023
CABARRUS COUNTY
BOARD OF ELECTIONS