

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="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 Brent Plott for County Commissioner						d. ID Number	
b. Mailing Address (include City, State and Zip Code) 467 Sunnyside Dr. SE Concord, NC 28025						e. Date Organized 12/13/2023	
c. Committee Website (Optional)						f. Phone Number 704-200-8941	
2. Candidate Information							
a. Full Name Norris Brent Plott				e. Party Affiliation Republican			
b. Mailing Address (include City, State, and Zip Code) 467 Sunnyside Dr. SE Concord, NC 28025				f. Office Sought County Commissioner			
c. Phone Number 704-200-8941		d. Email Address brentplott1520@gmail.com		g. Next Election Year 2024		h. Jurisdiction Cabarrus County	
<input type="checkbox"/> Email copy of report notices							
3. Treasurer Information				4. Assistant Treasurer Information			
a. Full Name Norris Brent Plott				a. Full Name N/A			
b. Mailing Address (include City, State, and Zip Code) 467 Sunnyside Dr. SE Concord, NC 28025				b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number 704-200-8941		d. Email Address brentplott1520@gmail.com		c. Phone Number		d. Email Address	
Send report notices by email <input checked="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 N/A				a. Financial Institution Full Name 0			
b. Mailing Address (include City, State, and Zip Code)				b. Purpose Campaign Account			
c. Phone Number		d. Email Address		b. Account Code 0		c. Type Checking	
<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>Norris Brent Plott</u> <u>[Signature]</u> <u>12-19-23</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>Norris Brent Plott</u> <u>[Signature]</u> <u>12-19-23</u> Printed Name of Candidate Signature of Candidate Date </p>							

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