Statement of Organization - Candidate Committee

Is this state	ment:
X 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.

11110 101111 1111101 0		Charles St. Martin - 12 III				
1. Committee Information				d. ID Number		
a. Name of Committee			u. ID (valide)			
Committee to Elect Amanda Wortman						
b. Mailing Address (include City, State and Zip Code)			e. Date Organized			
5681 Mountaineer Ln. Concord, NC 28025			12/15/2023			
c. Committee Website (Optional)			f. Phone Number			
			980-248-6010			
2. Candidate Information						
a. Full Name	e. Party Affiliation					
Amanda Barton Wortman		Republican				
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	f. Office Sought			
5681 Mountaineer Ln.		Board of Education				
Concord, NC 280	25	Board of Edi		dadation		
c . Phone Number	d. Email Address	g. Next Election Year	h.	Jurisdiction		
	voteamandawortman@gmail.com			Cabarrus County Schools		
☐ Email copy of						
3. Treasurer Info a. Full Name	ormation + + + + + + + + + + + + + + + + + + +	a. Full Name	4. Assistant Treasurer Information			
Λ \	2 . 2	a. Pull Name	21/	· · · · · · · · · · · · · · · · · · ·		
Amanda	B. Worzman		N/A			
b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (SUSI WIOUNAUNEER LY)		b. Mailing Address (in	nclude City, State, and Zip Code)			
5681 WILL	MAUNEEL ZI	., (1)				
	25082 DM,	n N N N N N N N N N N N N N N N N N N N				
c. Phone Number	d. Email Address Vole amanda Wortman	c. Phone Number d. Email Address CEIVED IN-PERSON DFC. 2 2 2023		IN-PERSON		
2486010	gran com			DEC 2 2 2023		
Send report not	ices by email Yes X No	X No Email copy of report notices				
5. Custodian of Books Information (Keeper of Rec 6. Account Information CHBARROS			BARROS DOUNTY			
a, Full Name		a. Financial Institution	a. Financial Institution Full Name AFO OF ELECTIONS			
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			
e. Those is almost	ar Zimur radi tas					
☐ Email copy	of report notices	1				
_ Email copy			1			
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.						
Amanda Blibarman Improbable Suman 12/22/22						
Printed Name of Treasurer Signature of Appointed Treasurer 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.						
Amurda B. Warman Smandarts Lesman 12/22/23						
Printed Name of Candidate Signature of Candidate Date						