

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	
Committee to Elect Mishell Williams			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
		12/11/2023	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Mishell Williams		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
P.O. Box 1361 Harnsburg, NC 28075		Board of Education	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
980-288-6179	mishellwilliams2@gmail.com	2024	Cabarrus County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Amanda Pearl		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
10237 Paper Birch Dr. Charlotte, NC 28215			
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
RECEIVED IN-PERSON DEC 18 2023 CABARRUS COUNTY BOARD OF ELECTIONS			
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		0	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		0	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>AMANDA PEARL</u> <u>Amanda Pearl</u> <u>12/17/23</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>Mishell Williams</u> <u>Mishell Williams</u> <u>12/17/23</u> Printed Name of Candidate Signature of Candidate Date </p>			