Statement of Organization - Candidate Committee

Is this st	atem	ent:	
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.

Time retini mast et a	ecompanied by form cite 3300. I'm umer	TOTAL TOTAL TO TOTAL TO	NAME OF TAXABLE PARTY.	THE RESIDENCE OF THE PERSON OF		
1. Committee Infor	mation					
a. Name of Committee d. ID Number						
Committee to elect AIVARYS Santana 33-5011748 b. Mailing Address (include City, State and Zip Code) c. Date Organized						
3013 FIC DIVELL STEEL (251726)11/2025						
c. Committee Website (Optional) f. Phone Number						
vote-alvarys.org 980439-65						
2. Candidate Infori	mation					
a. Full Name	e. Party Affiliation					
XIVARYS	Democrat					
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought				
1703 Spears Drive NW Concord NC 28027		City council-birstrict 4				
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction		
9604391663	alvarysscaas-strategy.	2005		0-1 00.10		
Email copy of re	nort notices	2020		Cabarrus		
3. Treasurer Inform		4. Assistant Treasu	irer Info	rmation		
a. Full Name		a. Full Name				
ALVARYS	Santana					
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)				
1708 Spears Drive NW CONCORD NC 28027		MAY 0 7 2025				
c. Phone Number	d. Email Address	c. Phone Number	d. Email	Address CABARRUS COUNTY		
	almosescoas-strategy con			BOARD OF ELECTIONS		
Send report notices by email Yes \(\simega \) No \(\simega \) Email copy of report notices				ices		
5. Custodian of Boo	6. Account Information (incl. CRO-3500)					
a. Full Name		a. Financial Institution Full Name				
		Capital One				
b. Mailing Address (include City, State, and Zip Code)						
				*		
c. Phone Number	d. Email Address	b. Account Code	c. Type			
			Oho	or in a		
☐ Email copy of re	eport notices	,	che	cking		
Email copy of report notices						
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.						
Arrange Sortana 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.						
Arranys santara (Sally Kry 5/7/2015						
Printed 1	Name of Candidate	Signature of Candidate	7	Date		