

Statement of Organization - Candidate Committee

Is this statement:

☒ 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.

1. Committee Information			
a. Name of Committee Committee to Elect Liz Poole		d. ID Number	
b. Mailing Address (include City, State and Zip Code) PO Box 355 Mt. Pleasant, NC 28124		e. Date Organized 7/8/2025	
c. Committee Website (Optional)		f. Phone Number 980-621-4628	
2. Candidate Information			
a. Full Name Elizabeth (Liz) Poole		e. Party Affiliation Non-Partisan	
b. Mailing Address (include City, State, and Zip Code) PO Box 355 Mt. Pleasant, NC 28124		f. Office Sought Town Commissioner	
c. Phone Number 980-621-4628	d. Email Address poole4mpnc@gmail.com	g. Next Election Year 2025	h. Jurisdiction Town of Mt. Pleasant
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Elizabeth (Liz) Poole		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) PO Box 355 Mt. Pleasant, NC 28124		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 980-621-4628	d. Email Address poole4mpnc@gmail.com	c. Phone Number	d. Email Address
Send report notices by email <input 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 N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices		RECEIVED IN-PERSON JUL 08 2025 CABARRUS COUNTY BOARD OF ELECTIONS	
<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>Elizabeth F Poole</u> <u>Elizabeth F Poole</u> <u>7/8/25</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>Elizabeth F Poole</u> <u>Elizabeth F Poole</u> <u>7/8/25</u> Printed Name of Candidate Signature of Candidate Date</p>			