

Statement of Organization - Candidate Committee

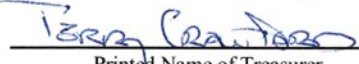

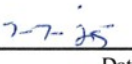
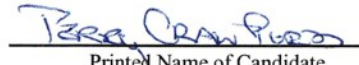

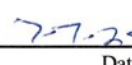
Is this statement:

☒ 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 Crawford for Concord		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 5576 Yorke St. Concord, NC 28027		e. Date Organized 7/7/2025	
c. Committee Website (Optional)		f. Phone Number 704-743-3396	
2. Candidate Information			
a. Full Name Terry Crawford		e. Party Affiliation Non-Partisan	
b. Mailing Address (include City, State, and Zip Code) 5576 Yorke St. Concord, NC 28027		f. Office Sought Council	
c. Phone Number 704-743-3396	d. Email Address tcrawford6783@gmail.com	g. Next Election Year 2025	h. Jurisdiction City of Concord
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Terry Crawford		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) 5576 Yorke St. Concord, NC 28027		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 704-743-3396	d. Email Address tcrawford6783@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)			
a. Full Name N/A		a. Financial Institution Full Name N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose CABARRUS COUNTY BOARD OF ELECTIONS	
c. Phone Number	d. Email Address	b. Account Code	c. Type JUL 07 2025
<input type="checkbox"/> Email copy of report notices		RECEIVED	
<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>  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>  Printed Name of Candidate  Signature of Candidate  Date </p>			