

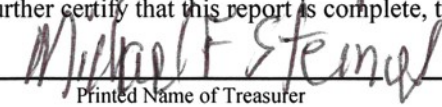

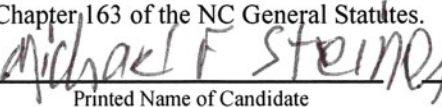

# Statement of Organization - Candidate Committee

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.

<b>1. Committee Information</b>					
a. Name of Committee				d. ID Number	
Committee to Elect Michael F. Steiner					
b. Mailing Address (include City, State and Zip Code)				e. Date Organized	
8880 Oldenburg Dr. Mt. Pleasant, NC 28124				7/10/2025	
c. Committee Website (Optional)				f. Phone Number	
				704-467-2580	
<b>2. Candidate Information</b>					
a. Full Name			e. Party Affiliation		
Michael F. Steiner			Non-Partisan		
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought		
8880 Oldenburg Dr. Mt. Pleasant, NC 28124			Board of Commissioners		
c. Phone Number	d. Email Address		g. Next Election Year	h. Jurisdiction	
704-467-2580	otrsteiner@gmail.com		2025	Town of Mt. Pleasant	
<input type="checkbox"/> Email copy of report notices					
<b>3. Treasurer Information</b>			<b>4. Assistant Treasurer Information</b>		
a. Full Name			a. Full Name		
Michael F. Steiner			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
8880 Oldenburg Dr. Mt. Pleasant, NC 28124					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
704-467-2580	otrsteiner@gmail.com				
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of report notices					
<b>5. Custodian of Books Information (Keeper of Records)</b> <b>6. Account Information (incl. CRO-3500)</b>					
a. Full Name			a. Financial Institution Full Name		
N/A			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			CABARRUS COUNTY BOARD OF ELECTIONS JUL 10 2025		
c. Phone Number	d. Email Address		b. Account Code	c. Type	
				RECEIVED	
<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>   7/10/25 </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>   7/10/25 </p> <p> Printed Name of Candidate      Signature of Candidate      Date </p>					