

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			d. ID Number		
Committee to Elect Milton Smith					
b. Mailing Address (include City, State and Zip Code)			e. Date Organized		
1206 El Paso St. Kannapolis, NC 28083			7/11/2025		
c. Committee Website (Optional)			f. Phone Number		
			704-298-0798		
2. Candidate Information					
a. Full Name			e. Party Affiliation		
Milton Smith			Non-Partisan		
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought		
1206 El Paso St. Kannapolis, NC 28083			Council		
c. Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction	
704-298-0798	pinkymccat@yahoo.com	2025		City of Kannapolis	
<input type="checkbox"/> Email copy of report notices					
3. Treasurer Information			4. Assistant Treasurer Information		
a. Full Name			a. Full Name		
Milton Smith			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
1206 El Paso St. Kannapolis, NC 28083					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
704-298-0798	pinkymccat@yahoo.com				
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			a. Financial Institution Full Name		
N/A			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			RECEIVED IN-PERSON JUL 11 2025		
c. Phone Number	d. Email Address	b. Account Code	c. Type		
			CABARRUS COUNTY BOARD OF ELECTIONS		
<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>Milton Smith</u> <u>Milton Smith</u> <u>7-11-2025</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>Milton Smith</u> <u>Milton Smith</u> _____ Printed Name of Candidate Signature of Candidate Date </p>					