

# 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 Zach Erwin	d. ID Number
b. Mailing Address (include City, State and Zip Code) 903 Applewood Ave. Kannapolis, NC 28081	e. Date Organized 7/7/2025
c. Committee Website (Optional)	f. Phone Number 704-449-4250

## 2. Candidate Information

a. Full Name Zach Erwin	e. Party Affiliation Non-Partisan
b. Mailing Address (include City, State, and Zip Code) 903 Applewood Ave. Kannapolis, NC 28081	f. Office Sought Council
c. Phone Number 704-449-4250	d. Email Address zerwin005@gmail.com
g. Next Election Year 2025	h. Jurisdiction City of Kannapolis
<input type="checkbox"/> Email copy of report notices	

## 3. Treasurer Information

a. Full Name Zach Erwin
b. Mailing Address (include City, State, and Zip Code) 903 Applewood Ave. Kannapolis, NC 28081
c. Phone Number 704-449-4250
d. Email Address zerwin005@gmail.com

## 4. Assistant Treasurer Information

a. Full Name N/A
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

Send report notices by email ☒ Yes ☐ No

☐ Email copy of report notices

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	
d. Email Address	
<input checked="" type="checkbox"/> Email copy of report notices	

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name Wells Fargo
b. Purpose Campaign Account
b. Account Code 23650
c. Type Checking

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.

Zachary Erwin  
Printed Name of Treasurer

[Signature]  
Signature of Appointed Treasurer

7/14/2025  
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.

Zachary Erwin  
Printed Name of Candidate

[Signature]  
Signature of Candidate

7/14/2025  
Date