Statement of Organization - Candidate Committee

Is	this staten	is statement:		
X	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 Committe	ee				d. ID Number					
	Elect Altyn Cotell									
	include City, State and Zip Co	ode)			e. Date Organized					
7955 Dell Dr. Harrisburg, NC 2	8075									
c. Committee Websit					f. Phone Number					
c. Committee Websit	c (Optional)				704-942-0879					
2. Candidate Info	ormation			Mark State Control	704-342-0073					
a. Full Name	<u> </u>		e. Party Affiliation							
Altyn Cotell			Non-Partisan							
b. Mailing Address (include City, State, and Zip C	ode)	f. Office Sought							
7955 Dell Dr.			Council							
Harrisburg, NC 2	8075		Council							
c . Phone Number	d. Email Address		g. Next Election Year h.		h. Jurisdiction					
	altyn.cotell@gmail.com		2025		Town of Harrisburg					
☐ Email copy of										
3. Treasurer Info a. Full Name	ormation		4. Assistant Treasurer Information							
			a. Full Name							
Altyn Cotell			N/A							
	include City, State, and Zip Co	ode)	b. Mailing Address (include City, State, and Zip Code)							
7955 Dell Dr.	0055									
Harrisburg, NC 28				1	RÉCEIVED Address IN-PERSON					
c. Phone Number	d. Email Address		c. Filone Number d. Eman Address							
	altyn.cotell@gmail.com				JUL 1 5 2025					
	ices by email X Yes	No	☐ Email copy o							
	Books Information (Keep	er of Reco			(incl. CRO-STOPERD OF ELECTION					
a. Full Name	27/1		a. Financial Institution Full Name							
	N/A		0							
b. Mailing Address (i	nclude City, State, and Zip Co	ode)	b. Purpose							
			Campaign Account							
c. Phone Number	d. Email Address		b. Account Code	c. Type						
			0		Charling					
☐ Email copy of	of report notices		0		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. Altyn Modell Printed Name of Treasurer Signature of Appointed Treasurer 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. A Hyn M. G + C allen M. Colle 1-15-25										
Printed N	lame of Candidate		Signature of Candidat	e	Date					

CRO-2100A

NC State Board of Elections

November 2019