

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 Lori Furr							
b. Mailing Address (include City, State and Zip Code)						e. Date Organized	
733 Kluttz St. Mt. Pleasant, NC 28124						7/18/2025	
c. Committee Website (Optional)						f. Phone Number	
						704-796-4535	
2. Candidate Information							
a. Full Name				e. Party Affiliation			
Lori Furr				Non-Partisan			
b. Mailing Address (include City, State, and Zip Code)				f. Office Sought			
733 Kluttz St. Mt. Pleasant, NC 28124				Commissioner			
c. Phone Number		d. Email Address		g. Next Election Year		h. Jurisdiction	
704-796-4535		furrformp@gmail.com		2025		Town of Mt. Pleasant	
<input type="checkbox"/> Email copy of report notices							
3. Treasurer Information				4. Assistant Treasurer Information			
a. Full Name				a. Full Name			
Lori Furr				N/A			
b. Mailing Address (include City, State, and Zip Code)				b. Mailing Address (include City, State, and Zip Code)			
733 Kluttz St. Mt. Pleasant, NC 28124							
c. Phone Number		d. Email Address		c. Phone Number		d. Email Address	
704-796-4535		furrformp@gmail.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)				6. Account Information (incl. CRO-3500)			
a. Full Name				a. Financial Institution Full Name			
N/A				N/A			
b. Mailing Address (include City, State, and Zip Code)				b. Purpose			
c. Phone Number		d. Email Address		b. Account Code		c. Type	
						JUL 18 2025	
<input type="checkbox"/> Email copy of report notices				CABARRUS COUNTY BOARD OF ELECTIONS			

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.

Lori Furr

Printed Name of Treasurer

[Signature]

Signature of Appointed Treasurer

7/18/2025

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.

Lori Furr

Printed Name of Candidate

[Signature]

Signature of Candidate

7/18/2025

Date