Statement of Organization - Candidate Committee

| Is | this | statem | ent: | |
|----|------|--------|---------|--|
| V | 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 / | | | A CONTRACTOR OF THE PARTY OF TH | |
|--|---|---|------------------------------------|--|--|
| 1. Committee Info | rmation | | | | |
| a. Name of Committee | | | | d. ID Number | |
| | r County Commissioner | | | | |
| AND DESCRIPTION OF THE PARTY OF | clude City, State and Zip Code) | | | e. Date Organized | |
| 3286 Runneyme | de St SW, Concord, NC 28027 | | | 8/19/25 | |
| c. Committee Website | (Optional) | | 1 | f. Phone Number | |
| | | | | 919-302-4791 | |
| 2. Candidate Info | rmation | | | | |
| a. Full Name | | e. Party Affiliation | | | |
| Krushani Patel | | Republican | | | |
| b. Mailing Address (in | clude City, State, and Zip Code) | f. Office Sought | | | |
| 3286 Runneymede St SW Concord, NC 28027 | | County Commissioner | | | |
| c . Phone Number | d. Email Address | g. Next Election Year | h. Ju | risdiction | |
| 484-542-0418 | krushani.patel9911@gmail.com | gi i teat Election I can | | parrus County | |
| Email copy of a | | | | | |
| 3. Treasurer Info | rmation | 4. Assistant Trea | 4. Assistant Treasurer Information | | |
| a. Full Name | | a, ruii Name | | | |
| Marc Seelinger, | Jr | | | | |
| | clude City, State, and Zip Code) | b. Mailing Address (include City, State and Zip Code) | | | |
| PO Box 1332 Belmont, NC 280 | 012 | | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Addr | ess | |
| 919-302-4791 | finance@marcseelinger.com | | | | |
| | notices by email Yes No | ☐ Email copy of | | | |
| | ooks Information (Keeper of Records) | 6. Account Infor | | . CRO-3500) | |
| a. Full Name | | a. Financial Instituti | on Full Name | CARARRILG COL | |
| Marc Seelinger, | | Truist CABARRUS CO | | | |
| | nclude City, State, and Zip Code) | | | BOARD OF ELEC | |
| PO Box 1332 Belmont, NC 280 | 012 | | | AUG 2 8 202 | |
| c. Phone Number | d. Email Address | b. Account Code | c. Type | DECETVE | |
| 919-302-4791 | finance@marcseelinger.com | TDII | Chaolina | RECEIVED | |
| ☑ Email copy of | report notices | TRU | Checking | | |
| General Statutes | Committee is in compliance with all appl and that no funds are commingled with puplete, true and correct. | | | | |
| | | Signature of Appointed T | reasurer | Date | |
| Loortify that the | aformation above is convect and I as the | condidata annoint a | aid trenomen to | nersonally fulfill the | |
| (50) | nformation above is correct, and I, as the ibilities imposed upon the appointed trea | | | The state of the s | |
| 163 of the NC Ger | | A Survivalia Subject to | are penarites in | There all of Chapter | |
| Krushani Pat | 0 0 | (1) /la + | | 8/19/15 | |
| | ed Name of Candidate | Signature of Candid | ate | Date | |
| rrinte | a Name of Candidate | Signature of Candid | alc | Date | |