Statement of Organization - Candidate Committee

Is this 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 Committee	d. ID Number
Campaign to Elect Victoria Porter	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
4455 Mount Pleasant Rd. S Concord, NC 28025	7/1/2026
c. Committee Website (Optional)	**f. Phone Number**
Campaign to Elect Victoria Porter	704-796-5792

2. Candidate Information

a. Full Name	e. Party Affiliation
Victoria P. Porter	
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
4455 Mount Pleasant Rd. S Concord, NC 28025	Soil & Water District Conservation Supervisor
c . Phone Number / **d. Email Address**	**g. Next Election Year** / **h. Jurisdiction**
704-796-5792 / vlp5579@aol.com	2026 / Cabarrus County
☐ Email copy of report notices	

3. Treasurer Information

a. Full Name
Victoria P. Porter
b. Mailing Address (include City, State, and Zip Code)
4455 Mount Pleasant Rd. S Concord, NC 28025
c. Phone Number / **d. Email Address**
704-796-5792 / vlp5579@aol.com
Send report notices by email [ ] Yes [X] No

4. Assistant Treasurer Information

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

5. Custodian of Books Information (Keeper of Rec

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

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

a. Financial Institution Full Name	
b. Purpose	RECEIVED IN-PERSON JUL 01 2026 CABARRUS COUNTY BOARD OF ELECTIONS
b. Account Code	**c. Type**

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.

Victoria Porter	Victoria Porter	7-1-26
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.

Victoria P Porter	Victoria P Porter	7-1-26
Printed Name of Candidate	Signature of Candidate	Date