

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information	
a. Full Name <i>Leigh Altman for County Commission</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 33412 Charlotte, NC 28233</i>	d. Date Organized <i>3/20/19</i>
	e. Phone Number <i>704 763 2856</i>

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name <i>Leigh B. Altman</i>	e. Candidate ID Number	f. Party Affiliation <i>Democrat</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>P.O. Box 33412 Charlotte NC 28233</i>	g. Office Sought <i>BOCC At Large</i>	
c. Phone Number <i>704 763 2856</i>	d. Email Address <i>voteleighaltman@gmail.com</i>	h. Next Election Year <i>2020</i>
<input type="checkbox"/> Email copy of notices		i. Jurisdiction <i>Mecklenburg</i>

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Melinda Diane Tillitski</i>	b. Mailing Address (include City, State, and Zip Code) <i>1624 Dilworth Rd East Charlotte NC 28203</i>	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number <i>404.661.1906</i>	d. Email Address <i>melinda.tillitski@gmail.com</i>	c. Phone Number	d. Email Address
<input type="checkbox"/> I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name MECKLENBURG COUNTY	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name <i>BB+T</i>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code) MAR 20 2019 BOARD OF ELECTIONS		b. Purpose <i>Campaign Finance</i>	
c. Phone Number	d. Email Address	c. Account Code <i>LBA</i>	d. Type <i>Checking</i>
<input type="checkbox"/> Email copy of notices			

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.

Leigh Altman *Leigh B. Altman* *3/19/20*
 Printed Name of Signer Signature of Appointed Treasurer Date



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name:

LEIGH ALTMAN

Treasurer Name:

MELINDA DIANE TILLITSKI

Treasurer Address:

1624 DILWORTH ROAD EAST

(include city, state, & zip)

CHARLOTTE NC 28203

Treasurer Phone:

404-661-1906

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

3/19/19
Date Signed

Melinda D. Tillitski
Signature of Candidate