

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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		c. ID Number	
Committee to Elect Annette Albright			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
131 Mellwood Drive Charlotte, NC 28214		5-23-17	
		e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Inez Annette Albright			Dem <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
131 Mellwood Drive Charlotte, NC 28214		Board of Education	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
980.322.9631	votealbright@gmail.com	2017	Mecklenburg
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Inez Annette Albright			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
131 Mellwood Drive Charlotte, NC 28214			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
980.322.9631	votealbright@gmail.com		
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		a. Financial Institution Full Name	b. Purpose
Mecklenburg County			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
MAY 23 2017			
c. Phone Number	d. Email Address	c. Account Code	d. Type
	Board of Elections		
<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.			
Inez A. Albright		Inez A. Albright	5-23-17
Printed Name of Signer		Signature of Appointed Treasurer	Date



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

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: Inez Annette Albright
 Treasurer Name: Inez Annette Albright
 Treasurer Address: 131 Mellwood Drive
 (include city, state, & zip) Charlotte, NC 28214

 Treasurer Phone: 980.322.9631

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).

5/22/17
 Date Signed

[Signature]
 Signature of Candidate