

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		
Alexis Hughes for County Commissioner			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
12820 Cathy Court, Midland, NC 28107	12/19/2025		
c. Committee Website (Optional)	f. Phone Number		
	704-773-2117		
2. Candidate Information			
a. Full Name	e. Party Affiliation		
Alexis Hughes	Republican		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
12820 Cathy Court, Midland, NC 28107	County Commissioner		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-773-2117	VoteAlexisforCabCo@gmail.com	2027	Cabarrus
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name	a. Full Name		
Barbara Strang			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
PO Box 8133 Concord, NC, 28027			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-796-3771	bstrang34@gmail.com		
<input checked="" type="checkbox"/> 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		
Barbara Strang	Pinnacle Bank		
b. Mailing Address (include City, State, and Zip Code)	RECEIVED IN-PERSON		
PO Box 8133 Concord, NC, 28027	JAN 16 2026		
c. Phone Number	d. Email Address	b. Account Code	c. Type
704-796-3771	bstrang34@gmail.com	2211	CABARRUS COUNTY BOARD OF ELECTIONS Checking
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>Barbara Strang</p> <p>Printed Name of Treasurer</p> <p>Signature of Appointed Treasurer</p> <p>Date</p>			
<p>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.</p> <p>Alexis Hughes</p> <p>Printed Name of Candidate</p> <p>Signature of Candidate</p> <p>Date</p>			