

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.

Committee Information			
a. Name of Committee		d. ID Number	
Cindy for the City			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
308 S main St. Reidsville, NC 27320		7/20/2023	
c. Committee Website (Optional)		f. Phone Number	
		267-577-2029	
Candidate Information			
a. Full Name		e. Party Affiliation	
Cynthia Scarborough			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
308 S main St. Reidsville, NC 27320			
g. Phone Number	h. Email Address	i. Next Election Year	j. Jurisdiction
267-577-2029	Cindy@chezlindsey.com	2023	
<input checked="" type="checkbox"/> Email copy of report notices			
Account Information			
a. Full Name		g. Full Name	
Renee Cynthia Scarborough			
b. Mailing Address (include City, State, and Zip Code)		h. Mailing Address (include City, State and Zip Code)	
308 S main St. Reidsville, NC 27320			
c. Phone Number	d. Email Address	e. Phone Number	f. Email Address
267-577-2029	Cindy@chezlindsey.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of report notices			
Account Information (Keeper of Records)			
a. Full Name		b. Account Information (see CRO-3500)	
c. Mailing Address (include City, State, and Zip Code)		d. Financial Institution Full Name	
e. Phone Number		f. Email Address	h. Account Code
<input type="checkbox"/> Email copy of report notices		i. Type	
		JUL 20 2023	
Rockingham County, NC Board of Elections			
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.			
Cynthia Scarborough		7/20/2023	
Printed Name of Treasurer		Signature of Appointed Treasurer	
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.			
Cynthia Scarborough		7/20/2023	
Printed Name of Candidate		Signature of candidate	