

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 Kotis for House		d. ID Number STA-UM8346 -C-001	
b. Mailing Address (include City, State and Zip Code) 132 Pebble Brook Lane Mooresville, NC 28117		e. Date Organized 12/19/2019	
c. Committee Website (Optional) www.kotisforhouse.com		f. Phone Number 704-577-6244	
2. Candidate Information			
a. Full Name Amanda Brown Kotis		e. Party Affiliation DEM	
b. Mailing Address (include City, State, and Zip Code) 132 Pebble Brook Lane Mooresville, NC 28117		f. Office Sought NC HOUSE	
c. Phone Number 704-577-6244	d. Email Address	g. Next Election Year 2020	h. Jurisdiction 95
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Frieda Farfour Brown		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) 18100 Watercraft Place Cornelius, NC		b. Mailing Address (include City, State, and Zip Code) SCANNED JAN 02 2020	
c. Phone Number 704-577-6244	d. Email Address	c. Phone Number	d. Email Address MEW
Send report notices by email <input type="checkbox"/> Yes <input checked="" 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 N/A		a. Financial Institution Full Name RECEIVED	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code 0	
c. Phone Number	d. Email Address	c. Type 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> <u>Frieda Farfour Brown</u> (see attached) _____ Date Printed Name of Treasurer Signature of Appointed Treasurer </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> <u>Amanda Brown Kotis</u> _____ Date Printed Name of Candidate Signature of Candidate </p>			

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Amended

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1. Committee Information	
a. Name of Committee <u>Kotis for Congress House</u>	d. ID Number
b. Mailing Address (include City, State and Zip Code) <u>132 Pebble Brook Ln Mooresville NC 28117</u>	e. Date Organized <u>12/19/19</u>
c. Committee Website (Optional)	f. Phone Number <u>704-577-6244</u>
2. Candidate Information	
a. Full Name <u>Amanda Brown Kotis</u>	e. Party Affiliation <u>Democratic</u>
b. Mailing Address (include City, State, and Zip Code) <u>132 Pebble Brook Ln Mooresville NC 28117</u>	f. Office Sought <u>9th House District 95 Congressional Seat NC</u>
c. Phone Number <u>704-577-6244</u>	d. Email Address <u>amandakotis@gmail.com</u>
g. Next Election Year <u>2020</u>	h. Jurisdiction
<input checked="" type="checkbox"/> Email copy of report notices	
3. Treasurer Information	
a. Full Name <u>Frieda Furtow Brown</u>	b. Mailing Address (include City, State, and Zip Code) <u>18100 Watercraft place Cornelius NC 28031</u>
c. Phone Number <u>704-577-6222</u>	d. Email Address <u>furtow@bellsouth.net</u>
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email copy of report notices	
4. Custodian of Books Information (Keeper of Records)	
a. Full Name <u>Thomas Allen Brown</u>	b. Mailing Address (include City, State, and Zip Code) <u>18100 Watercraft place Cornelius NC 28031</u>
c. Phone Number <u>704-577-6288</u>	d. Email Address <u>tambrown@bellsouth.net</u>
<input checked="" type="checkbox"/> Email copy of report notices	
5. Account Information (Form CRO-3500)	
a. Financial Institution Full Name <u>MEW</u>	b. Account Code
c. Type	
<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><u>FRIEDA F. BROWN</u> Printed Name of Treasurer <u>Frieda F. Brown</u> Signature of Appointed Treasurer <u>12/19/2019</u> 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><u>Amanda Brown Kotis</u> Printed Name of Candidate <u>Amanda Brown Kotis</u> Signature of Candidate <u>12/19/19</u> Date</p>	



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is

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

FILED BY:

Candidate Name: Amanda Brown Kotis **SCANNED**

Treasurer Name: Frieda Furtour Brown **JAN 02 2020**

Treasurer Address: 18100 Watercraft Place **MEW**

(include city, state, & zip) Cornelius, NC

RECEIVED

JAN 23 2020

Treasurer Phone: 704-577-6244 STATE BOARD OF ELECTIONS

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).

12/19/19
Date Signed

Amanda Brown Kotis
Signature

