

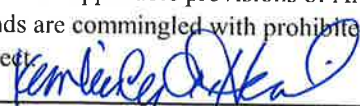
Statement of Organization - Political Action Committee

Amendment

Yes No

Use this form to create a new or update an existing political action committee (PAC).

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

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------|---------------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| Cabarrus Apple Cart | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| P.O. Box 1385 Mount Pleasant NC 28124 | | 4/29/20 | |
| | | e. Phone Number | |
| | | 704-280-3624 | |
| 2. Political Action Committee Information | | 3. Connected Organization or Affiliated Committee | |
| a. Category (Check only one) | | a. Full Name | |
| <input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input type="checkbox"/> Other / Not listed | | | |
| b. Type (Check only one) | | b. Mailing Address (include City, State, and Zip Code) | |
| <input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose | | | |
| c. Definition of Type | | c. Phone Number | |
| support educational needs of all children | | | |
| | | d. Relationship | |
| | | | |
| | | d. Member Definition | |
| | | citizens concerned with childhood trauma and education | |
| 4. Treasurer Information | | 5. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| Kimberly A. Herrick | | Paula J. Yost | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 49 Means Ave SE Concord NC 28025 | | PO Box 1385 Mt Pleasant NC 28025 | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 7046085173 | herrickka@gmail.com | 7042803624 | paula@countrylawshack.com |
| I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Email copy of notices | |
| 6. Assistant Treasurer Information | | 7. Account Information (incl. CRO-3500) | |
| a. Full Name | | a. Financial Institution Full Name | |
| | | First Bank | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| | | Campaign Transactions | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type |
| | | KIDS1 | Checking |
| <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. | | | |
| Kimberly A. Herrick | |  | |
| Printed Name of Signer | | Signature of Appointed Treasurer | |
| | | 10/4/2022 | |
| | | Date | |

CABARRUS COUNTY
BOARD OF ELECTIONS
OCT. 05 2022
RECEIVED