

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	
Re-Elect Anita Parker for Kannapolis City School Board			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1630 Eastwood Dr. Kannapolis, NC 28083			
c. Committee Website (Optional)		f. Phone Number	
		704-933-5518	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Anita Phillips Parker		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1630 Eastwood Dr. Kannapolis, NC 28083		Board of Education	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-933-5518		2024	Kannapolis City Schools
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Anita Phillips Parker		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1630 Eastwood Dr. Kannapolis, NC 28083			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-933-5518			
Send report notices by email		<input type="checkbox"/> Email copy of report notices	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		RECEIVED IN-PERSON DEC 04 2023	
c. Phone Number	d. Email Address	b. Account Code	c. Type
			CABARRUS COUNTY BOARD OF ELECTIONS
<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>Anita Parker</u> <u>Anita P. Parker</u> <u>12-4-23</u> Printed Name of Treasurer Signature of Appointed Treasurer 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>Anita Parker</u> <u>Anita P. Parker</u> <u>12-4-23</u> Printed Name of Candidate Signature of Candidate Date </p>			