

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	
The Committee to Elect Deborah Allen			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 5686 455 Concord Pkwy Concord NC 28027		Jan. 24, 2025	
c. Committee Website (Optional)		f. Phone Number	
		845-775-8378	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Deborah Allen		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 5686 455 Concord Pkwy Concord, NC 28027		Seat on the Board of Education	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
845-775-8378	teachnfix@outlook.com	2026	Cabarrus County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Deborah Allen			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 5686 455 Concord Pkwy Concord, NC 28027		RECEIVED IN-PERSON JAN 28 2025	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
845-775-8378	teachnfix@outlook.com		CABARRUS COUNTY BOARD OF ELECTIONS
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	
		Fifth Third Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		DA	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>Deborah Allen</u> <u>Deborah Allen</u> <u>1-24-25</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>Deborah Allen</u> <u>Deborah Allen</u> <u>1-24-25</u> Printed Name of Candidate Signature of Candidate Date </p>			