

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 The Committee to Elect Deborah Allen	d. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 5686 455 Concord Pkwy NC 28027	e. Date Organized Jan 24, 2025
c. Committee Website (Optional)	f. Phone Number 845-775-8378

2. Candidate Information			
a. Full Name Deborah Allen		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) PO Box 5686 455 Concord Parkway, Concord NC 28027		f. Office Sought Seat on the Board of Education	
c. Phone Number 845-775-8378	d. Email Address teachnfix@outlook.com	g. Next Election Year 2026	h. Jurisdiction Cabarrus County
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Deborah Bamford		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 5898 Birchfield Lane NW Concord NC 28027		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 704-575-0548	d. Email Address deborahjbamford@gmail.com	c. Phone Number	d. Email Address
Send report notices by email <input 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	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code DA	c. Type Checking
<input type="checkbox"/> Email copy of report notices			

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.

Deborah Bamford
Printed Name of Treasurer

Deborah Bamford
Signature of Appointed Treasurer

7-7-2025
Date

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.

Deborah Allen
Printed Name of Candidate

Deborah Allen
Signature of Candidate

7-7-2025
Date