

7/12/21

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
Dianne Berry for Kannapolis City Council			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
532 China Grove Road Kannapolis, NC 28083		06/02/2021	
c. Committee Website (Optional)		f. Phone Number	
		704-699-4800	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Dianne Price Berry		Unaffiliated	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
532 China Grove Road Kannapolis, NC 28083		Kannapolis City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-699-4800	dpberry1@carolinarr.com	2021	Kannapolis
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Dianne Price Berry			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
532 China Grove Road Kannapolis, NC 28083			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-699-4800	dpberry1@carolina.rr.com		
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	
Dianne Price Berry			
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
<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>Dianne Price Berry</u> <u>Dianne P. Berry</u> <u>07-05-2021</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>Dianne Price Berry</u> <u>Dianne P. Berry</u> <u>07-05-2021</u> Printed Name of Candidate Signature of Candidate Date </p>			

CABARRUS COUNTY
BOARD OF ELECTIONS
JUL 08 2021
RECEIVED