

# 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
Committee to Elect Harrison James Davis	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
1104 Mount Olivet Rd. Kannapolis, NC 28083	7/17/2025
c. Committee Website (Optional)	f. Phone Number
	336-301-5286

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Harrison James Davis		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1104 Mount Olivet Rd. Kannapolis, NC 28083		Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-301-5286	harrisonsharedrive@gmail.com	2025	City of Kannapolis
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Harrison James Davis		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1104 Mount Olivet Rd. Kannapolis, NC 28083			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-301-5286	harrisonsharedrive@gmail.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	
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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.

Harrison Davis

Printed Name of Treasurer

*Harrison Davis*

Signature of Appointed Treasurer

7/17/24

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.

Harrison Davis

Printed Name of Candidate

*Harrison Davis*

Signature of Candidate

7/17/24

Date