Statement of Organization - Candidate Committee

Is	this	statement:	
X	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
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1. Committee In				den new election year.			
a. Name of Commit			d.	. ID Number			
Committee to Ele							
b. Mailing Address	(include City, State and Zip Code)		e.	Date Organized			
1193 Manor Oak Concord, NC 280				11/24/2025			
c. Committee Websi	te (Optional)		f.	Phone Number			
				980-521-9126			
2. Candidate Int	formation						
a. Full Name		e. Party Affiliation					
James Robert Kir	·k	Republican					
b. Mailing Address	(include City, State, and Zip Code)	f. Office Sought	4123				
1193 Manor Oak	The state of the s						
Concord, NC 280)27		Board of Education				
c . Phone Number	d. Email Address	g. Next Election Year	h. Jur	isdiction			
980-521-9126	kirkforcabarruskids@gmail.com	2026		Cabarrus County Schools			
☐ Email copy o		2026	Ca				
3. Treasurer Inf		4. Assistant Treas	urer Informat	tion			
a. Full Name		4. Assistant Treasurer Information a. Full Name					
			N/A				
o. Mailing Address ((include City, State, and Zip Code)	b. Mailing Address (in		and Tin Code			
g	merade city, state, and zip code)	b. Mannig Address (in	clude City, State	, and Zip Code)			
. Phone Number	d. Email Address	c. Phone Number d. Email Address					
			di Billian radire	33			
Send report not		☐ Email copy of	report notices				
5. Custodian of I	Books Information (Keeper of Reco			CRO-3500)			
. run rame		a. Financial Institution	ı Full Name	professional and a profession and			
	N/A		10 BANK	RECEIVE IN-PERSO			
o. Mailing Address (include City, State, and Zip Code)	b. Purpose		DEC 4.7.1			
		Campaign Account					
. Phone Number	d Email Adduses	1.1		CABARRUS CO			
. I none (vuiliber	u. Eman Address	D. Account Code	c. Type	BOARD OF ELE			
[] E	<u></u>	0 i		Checking			
☐ Email copy of I certify that the NC General Sta	of report notices Committee is in compliance with all tutes and that no funds are comming	b. Account Code 0 (applicable provision led with prohibited of	ns of Article 22	Checking 2A of Chapter 163 of the			
certify that this	report is complete, true and correct.						
Russin	- Kirk Ro	but Vil		17 DEC 25			
Printed 1	Name of Treasurer Sig	gnature of Appointed Trea	asurer	Date			
		2					
certify that the i	information above is correct, and I, a	s the candidate, appo	oint said treasu	rer to personally fulfill			
he duties and resp	ponsibilities imposed upon the appoi	nted treasurer and su	abject to the pe	nalties in Article 22A of			
Chapter 163 of the	e NC General Statutes.						
Rosse	no Kine V	oleb Vil		16 Dic 2017			
	Name of Candidate	Signature of Candidate	;	Date			
		Signature of Candidate	;	Date			

CRO-2100A