

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	
CHERONNE HARRIS FOR CITY COUNCIL			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
704 S. MAIN STREET REIDSVILLE NC 27320		7/19/2023	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
CHERONNE HARRIS			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
704 S. MAIN STREET REIDSVILLE, NC 27320		CITY COUNCIL	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(980) 313-2652	hcheronne@gmail.com	2023	DISTRICT B
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
CHERONNE HARRIS		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
704 S. MAIN STREET REIDSVILLE NC 27320			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(980) 313-2652	hcheronne@gmail.com		
Send report notices by email <input type="checkbox"/> Yes <input checked="" 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	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>CHERONNE HARRIS _____ 7/19/23</p> <p>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>CHERONNE HARRIS _____ 7/19/23</p> <p>Printed Name of Candidate Signature of Candidate Date</p>			

CRO-2100A

NC State Board of Elections

November 2019

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JUL 19 2023
Rockingham County NC
Board of Elections