

# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☒ No

## 1. Committee Information

a. Full Name

Deanna Kaplan 4 School Board

c. ID Number

OCQ6LQ

b. Mailing Address (include City, State and Zip Code)

11695 DOUBLE SPRING RD  
LEWISVILLE, NC 27023

d. Date Organized

3/2/14

e. Phone Number

336-945-2337

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

DEANNA FRAZIER KAPLAN

e. Candidate ID Number

OCQ6LQ

f. Party Affiliation

Democratic

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

11695 Double Spring Rd  
Lewisville, NC 27023

g. Office Sought

BOARD OF Education District 2

c. Phone Number

H-945-2337  
C-416-6029

d. Email Address

deanna4schoolboard@gmail.com

h. Next Election Year

2014

i. Jurisdiction

Forsyth County

☐ Email copy of notices

## 3. Treasurer Information

a. Full Name

DAVID KAPLAN

b. Mailing Address (include City, State, and Zip Code)

SEE ABOVE

c. Phone Number

ABOVE

d. Email Address

ABOVE

## 4. Custodian of Books Information

a. Full Name

DAVID KAPLAN

b. Mailing Address (include City, State, and Zip Code)

ABOVE

c. Phone Number

ABOVE

d. Email Address

ABOVE

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

## 5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

n/a

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

## 6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name

n/a

b. Purpose

c. Account Code

d. Type

☐ Email copy of notices

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.

DAVID KAPLAN

Printed Name of Signer

David Kaplan

Signature of Appointed Treasurer

3/14/14

Date



North Carolina  
State Board of Elections

441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

FORSYTH COUNTY  
MAR 10 2014  
2014 MAR 10 AM 10:04  
RECEIVED

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name: DEANNA FRAZIER KAPLAN

Treasurer Name: DAVID KAPLAN

Treasurer Address: 11695 DOUBLE SPRING RD

(include city, state, & zip) LEWISVILLE, NC 27023

Treasurer Phone: 336-945-2337

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

3/14/14  
Date Signed

[Signature]  
Signature of Candidate

**Note:** This Certification is to be filed at the Election Board where the committee's campaign reports are filed.