

# 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
DEANNA KAPLAN 4 SCHOOL BOARD	OCQ6LQ
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
2521 Greenbrier rd. Winston-Salem, NC 27104	12/06/21
c. Committee Website (Optional)	f. Phone Number
	(336) 416-6029

## 2. Candidate Information

a. Full Name	e. Party Affiliation
Deanna Kaplan	Dem
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
2521 Greenbrier rd. Winston-Salem, NC 27104	Board of Education - At Large
c. Phone Number	g. Next Election Year
(336) 416-6029	2022
d. Email Address	h. Jurisdiction
Deanna.Kaplan4SchoolBoard@gmail.com	Forsyth
<input checked="" type="checkbox"/> Email copy of report notices	

## 3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information
Katherine Kaplan	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
11695 Double Spring Rd. Lewisville, NC 27023	
c. Phone Number	c. Phone Number
(336) 407-5437	
d. Email Address	d. Email Address
KKaplan117@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)

a. Full Name	6. Account Information (incl. CRO-3500)
	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	TRUIST
c. Phone Number	b. Account Code
	1
d. Email Address	c. Type
	checking
<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.

Katherine Kaplan

Printed Name of Treasurer

Katherine Kaplan

Signature of Appointed Treasurer

07/20/2022

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.

Deanna Kaplan

Printed Name of Candidate

Dem Kaplan

Signature of Candidate

7/20/2022

Date