Statement of Organization - Candidate Committee

Is this statement:

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	d. ID Number	
Vinan For School Board			00		
b. Mailing Address (in	clude City, State and Zip Code)		e. Date Organized		
P.O. BOX II	153 Winston-Salem	NC 27/10	00	19/2025	
c. Committee Website			f. Pho	ne Number	
Vivianforsch			330	0.406.6397	
2. Candidate Infor a. Full Name	mation	The second secon			
	O a Al addard	e. Party Affiliation			
VIVIAN ANOIRE	ea Perez Chandler		Democrat		
	clude City, State, and Zip Code)		f. Office Sought		
P.O. BOX 11153 Winston-Salem, NC 27116			Board of Education		
c . Phone Number	d. Email Address	g. Next Election Yea	r h. Jurisdict	tion	
336.406.6397	vivian@vivianforschoolb	oard-com 20210	At-	Larae.	
Email copy of re 3. Treasurer Infor			1 2020 At-large		
a. Full Name	mativii		4. Assistant Treasurer Information a. Full Name		
Andrea Cecili	A Perez				
	lude City, State, and Zip Code)	h Mailing Address (M-W- Allow C. L. L. C. C. C. C. S. S. S. S.		
	Winston-Salem, MC	o. Mainng Address (b. Mailing Address (include City, State and Zip Code)		
10.000 11133	27110		(.)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address	ided)	
TALL ON DOLAL	treasurer vivianfors (hool board - Ci				
	oks Information (Keeper of Re		Email copy of report notices		
a. Full Name			a. Financial Institution Full Name		
		Thist	Thist IN A		
b. Mailing Address (inc	lude City, State, and Zip Code)	11001			
				K and a constant	
			1		
c. Phone Number	d. Email Address	b. Account Code	c. Type	01 ->	
Email copy of re	eport notices	OD11	chedring		
F, Etc.	1		<u> </u>		
I certify that the Co	ommittee is in compliance with a	Il applicable provisions of A	Article 22A of Chapte	er 163 of the NC	
General Statutes a	nd that no funds are commingled	with prohibited or other no	n-disclosed funds. I	further certify that	
this report is complete, true and correct.					
Andrea Ceglia Percz att no. 119/25					
Printed Name of Treasurer Signature of Appointed Treasurer Date					
I certify that the info	ormation above is correct, and I,	as the candidate, appoint sa	d treasurer to person	ally 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.					
Vinan Andrea Grez Chardler 06/19/2025					
		Signature of Candidat	e	Date	
CRO-2100A	NC	State Board of Elections		November 2019	