

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information																																								
a. Full Name COMMITTEE TO ELECT CHRIS PARKER		c. ID Number FOR-7CQ1NL-C-001		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); font-weight: bold;"> REPORT FILED ELECTRONICALLY SEE STATE WEBSITE FOR COMPLETE REPORT! WWW.NCSBE.GOV </div>																																				
b. Mailing Address (include City, State and Zip Code) 3690 Saddlewood Forest Court WINSTON SALEM, NC 27106		d. Date Filed 01/16/2026																																						
		e. Phone Number (336) 306-6273																																						
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 11/11/2025	4. Period End Date (mm/dd/yy) 12/31/2025	5. Treasurer Full Name JOHN A. HARRISON																																					
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																																						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input checked="" type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </tbody> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
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	<input type="checkbox"/> Special																																							
7. Type of Fund (if applicable, check one)		10. Special Report Name																																						
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other																																								
8. Number of Fundraisers this Report 1																																								
11. Account Information		11. Account Information																																						
a. Financial Institution Full Name FIRST HORIZON BANK		a. Financial Institution Full Name																																						
b. Purpose OPERATING ACCOUNT		b. Purpose		c. Account Code																																				
				1																																				
				d. Period Begin Balance																																				
				\$38,230.00																																				
				\$																																				
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 and that I have been trained by the NC State Board of Elections.																																								
_____ Printed Name of Signer		John Harrison Digitally signed by John Harrison Date: 2026.01.16 12:31:35 -05'00'		_____ Date																																				
_____ Signature of Appointed Treasurer																																								
FOR OFFICE USE ONLY																																								
Date Received: _____	Employee: _____	<u>Delivery Method</u>																																						
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail																																						
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail																																						
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered																																						
		<input type="checkbox"/> Electronically Filed																																						
		<input type="checkbox"/> Signer has not received mandatory training																																						
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.																																								