Disclosure Report Cover

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.

Amendment
☐ Yes   ☒ No

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT CHRIS PARKER	FOR-4V11LF-C-001

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
3690 Saddlewood Forest Court WINSTON SALEM, NC 27106	02/18/2026
	e. Phone Number
	(336) 306-6273

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	01/01/2026	02/14/2026	JOHN A. HARRISON

6. Type of Committee (Check One)

☒ Candidate Campaign   ☐ Party
☐ PAC   ☐ Referendum
☐ Independent Expenditure   ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ Booster Fund
☐ Building Fund
☐ Other

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☒ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST HORIZON BANK	

b. Purpose	c. Account Code	b. Purpose	c. Account Code
OPERATING ACCOUNT	1		
	d. Period Begin Balance		d. Period Begin Balance
	$47,921.29		$

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.

	John Harrison Digitally signed by John Harrison Date: 2026.02.18 16:16:13 -05'00'	
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: _____   Employee: _____
Date Postmarked: _____   Employee: _____
Date Scanned: _____   Employee: _____
Date Data Entered: _____   Employee: _____

Delivery Method
☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

☐ 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.

CRO-1000   NC State Board of Elections   August 2008