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
Ida Dixon for Council	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
231 Broadway Street Navassa, NC 28451	8/10/2021
c. Committee Website (Optional)	**f. Phone Number**
	910-619-0821

2. Candidate Information

a. Full Name		e. Party Affiliation	
Ida Dixon		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
231 Broadway Street Navassa, NC 28451		Councilmember	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
910-619-0821	iwd233@gmail.com	2021	Navassa
☒ Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		**a. Full Name**	
Ida Dixon			
b. Mailing Address (include City, State, and Zip Code)		**b. Mailing Address (include City, State, and Zip Code)**	
231 Broadway Street Navassa, NC 28451			
c. Phone Number	**d. Email Address**	**c. Phone Number**	**d. Email Address**
910-619-0821	iwd233@gmail.com		
Send report notices by email ☒ Yes ☐ No		☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)		6. Account Information *(incl. CRO-3500)*	
a. Full Name		**a. Financial Institution Full Name**	
		Self Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	**d. Email Address**	**b. Account Code**	**c. Type**
			Self Funded
☐ Email copy of report notices			

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AUG 10 2021
BRUNSWICK COUNTY
BOARD OF ELECTIONS

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.

Ida White Dixon — Printed Name of Treasurer
Ida White Dixon — Signature of Appointed Treasurer
08-10-21 — 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.

Ida White — Printed Name of Candidate
Ida White Dixon — Signature of Candidate
08-10-21 — Date