

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	
Kaitlyn Jackson for Alderman			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
10 Cox Street Bolivia, NC 28422		7/20/2023	
c. Committee Website (Optional)		f. Phone Number	
		307-286-9487	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Kaitlyn Jackson		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
10 Cox Street Bolivia, NC 28422		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
307-286-9487	jacksonked@hotmail.com	2023	Bolivia
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Kaitlyn Jackson			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
10 Cox Street Bolivia, NC 28422			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
307-286-9487	jacksonked@hotmail.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)		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)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
<input type="checkbox"/> Email copy of report notices			

RECEIVED

JUL 20 2023

NEW YORK 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.

Kaitlyn Jackson
 Printed Name of Treasurer

Kaitlyn Jackson
 Signature of Appointed Treasurer

7-20-23
 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.

Kaitlyn Jackson
 Printed Name of Candidate

Kaitlyn Jackson
 Signature of Candidate

7-20-23
 Date