Statement of Organization - Candidate Committee

Amendment ☐ Yes ☒ No

Use this form to create a new or update an existing candidate committee.
This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information

a. Full Name	c. ID Number
Lee Jackson Committee	82-4197340
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
PO Box 1249 Smithfield, NC 27577-1249	1/30/2018
	e. Phone Number
	919-934-6109

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
David Lee Jackson	82-4197340	Republican
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
PO Box 1249 Smithfield, NC 27577	County Commissioner District 6	
c. Phone Number / **d. Email Address**	**h. Next Election Year**	**i. Jurisdiction**
919-934-6109 / Lee.Jackson.Commissioner@gmail	2018	
☐ Email copy of notices		

3. Treasurer Information

a. Full Name	
Lynne K Carroll	
b. Mailing Address (include City, State, and Zip Code)	
PO Box 1249 Smithfield, NC 27577-1249	
c. Phone Number	**d. Email Address**
919-934-6109	Lynne@djwcpa.com
I prefer to receive my notices by email ☒ Yes ☐ No	

4. Custodian of Books Information

a. Full Name	
Lynne K. Carroll	
b. Mailing Address (include City, State, and Zip Code)	
PO Box 1249 Smithfield, NC 27577-1249	
c. Phone Number	**d. Email Address**
919-934-6109	Lynne@djwcpa.com
☒ Email copy of notices	

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**
☐ Email copy of notices	

6. Account Information *(incl. CRO-3500)*

☒ Add ☐ Remove

a. Financial Institution Full Name	
KS Bank	
b. Purpose	
Campaign funds	
c. Account Code	**d. Type**
	Checking

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.

Lynne K. Carroll — Printed Name of Signer

Lynne K. Carroll — Signature of Appointed Treasurer

1/30/2018 — Date

NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: Lee Jackson

Treasurer Name: Lynne K. Carroll

Treasurer Address: PO Box 1249

(include city, state, & zip) Smithfield, NC 27577

Treasurer Phone: 919-934-6109

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

1-30-2018
Date Signed

Lee Jackson
Signature of Candidate