

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.

a. Name of Committee	d. ID Number
Vicky Darden for Pre-Election	5K1138
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
106 County Road, mt. Olive, NC 28365	7-7-25
c. Committee Website (Optional)	f. Phone Number
	919-658-3961

a. Full Name	e. Party Affiliation
Vicky Darden	NP
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
106 County Road mt. Olive, NC 28365	Commissioner mt. olive
c. Phone Number	d. Email Address
919-658-3961	Vicky.darden@gmail.com
<input type="checkbox"/> Email copy of report notices	
a. Full Name	a. Full Name

a. Full Name	a. Full Name
Vicky Darden	Wayne County Board of Elections
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
106 County Road mt. Olive, NC 28365	JUL 14 2025
c. Phone Number	d. Email Address
919-658-3961	Vicky.darden@gmail.com
<input type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email copy of report notices	

a. Full Name	a. Financial Institution Full Name
Vicky Darden	Southern Bank + Trust
b. Mailing Address (include City, State, and Zip Code)	b. Account Code
106 County Road mt. Olive, NC 28365	c. Type
c. Phone Number	d. Email Address
919-658-3961	Vicky.darden@gmail.com
<input type="checkbox"/> Email copy of report notices	

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.

Vicky Darden
Printed Name of Treasurer

Vicky Darden
Signature of Appointed Treasurer

7-10-25
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.

Vicky Darden
Printed Name of Candidate

Vicky Darden
Signature of Candidate

7-10-25
Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name:

Vicky Darden for Pre-Election

Treasurer Name:

Vicky Darden

Treasurer Address:

106 County Road

(include city, state, & zip)

mt. olive, NC 27365

Treasurer Phone:

919-658-9539

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7-9-25

Date Signed

Vicky Darden

Signature