

# 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.

|   |                          |   |                  |
|---|--------------------------|---|------------------|
| <b>1. Committee Information</b>   |                          |   |                  |
| a. Name of Committee  |                          | d. ID Number  |                  |
| Committee to Elect Jessica Simpson Olliver  |                          | TK1X4U  |                  |
| b. Mailing Address (include City, State and Zip Code)   |                          | e. Date Organized                                     |                  |
| 206 S. Martin St Mt Olive NC 28365  |                          | 7/20/25   |                  |
| c. Committee Website (Optional)   |                          | f. Phone Number                                       |                  |
|   |                          | 919 394 8794  |                  |
| <b>2. Candidate Information</b>   |                          |   |                  |
| a. Full Name  |                          | e. Party Affiliation                                  |                  |
| Jessica Simpson Olliver   |                          | Unaffiliated  |                  |
| b. Mailing Address (include City, State, and Zip Code)  |                          | f. Office Sought                                      |                  |
| 206 S. Martin   |                          | District 3 Commissioner<br>Mt. Olive                  |                  |
| c. Phone Number   | d. Email Address         | g. Next Election Year                                 | h. Jurisdiction  |
| 919 394 8794  | jesskakesnmore@gmail.com | 2025  |                  |
| <input checked="" type="checkbox"/> Email copy of report notices  |                          |   |                  |
| <b>3. Treasurer Information</b>   |                          | <b>4. Assistant Treasurer Information</b>             |                  |
| a. Full Name  |                          | a. Full Name  |                  |
| Jessica Simpson Olliver   |                          |   |                  |
| b. Mailing Address (include City, State, and Zip Code)  |                          | b. Mailing Address (include City, State and Zip Code) |                  |
| 206 S. Martin St.<br>Mt. Olive, NC 28365  |                          |   |                  |
| c. Phone Number   | d. Email Address         | c. Phone Number                                       | d. Email Address |
| 919 394 8794  | jesskakesnmore@gmail.com |   |                  |
| Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                          | <input type="checkbox"/> Email copy of report notices |                  |
| <b>5. Custodian of Books Information (Keeper of Records)</b>  |                          | <b>6. Account Information</b>                         |                  |
| a. Full Name  |                          | a. Financial Institution Full Name                    |                  |
| Jessica Olliver   |                          | Board of Elections                                    |                  |
| b. Mailing Address (include City, State, and Zip Code)  |                          | JUL 25 2025   |                  |
| 206 S. Martin St. Mt. Olive NC 28365  |                          | Received By _____                                     |                  |
| c. Phone Number   | d. Email Address         | b. Account Code                                       | c. Type          |
| 919 394 8794  | jesskakesnmore@gmail.com |   |                  |
| <input checked="" type="checkbox"/> Email copy of report notices  |                          |   |                  |
| <p>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.</p> <p> <u>Jessica Olliver</u>      <u>[Signature]</u>      <u>7/25/25</u><br/> Printed Name of Treasurer      Signature of Appointed Treasurer      Date </p> <p>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.</p> <p> <u>Jessica Olliver</u>      <u>[Signature]</u>      <u>7/25/25</u><br/> Printed Name of Candidate      Signature of Candidate      Date </p> |                          |   |                  |



# 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:

Committee to Elect Jessica Simpson Oliver

Treasurer Name:

Jessica Simpson

Treasurer Address:

206 S. Martin St.

(include city, state, & zip)

Mt. Olive, NC 28365

Treasurer Phone:

919-394-8794

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.

7/25/25  
Date Signed

Signature