

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 |
| Committee to Elect Beatrice Jones | TK17V1 |
| b. Mailing Address (include City, State and Zip Code) | e. Date Organized |
| PO Box 477, Fremont, NC 27830 | 12/19/2025 |
| c. Committee Website (Optional) | f. Phone Number |
| | (919) 273-9511 |

| | | | |
|--|--|-----------------------|-----------------|
| a. Full Name | e. Party Affiliation | | |
| Beatrice Jones | Democratic | | |
| b. Mailing Address (include City, State, and Zip Code) | f. Office Sought | | |
| PO Box 477, Fremont, NC 27830 | Wayne County Board of Commissioners At-Large | | |
| c. Phone Number | d. Email Address | g. Next Election Year | h. Jurisdiction |
| (919) 273-9511 | beatricejones@centurylink.net | 2026 | County |
| <input checked="" type="checkbox"/> Email copy of report notices | | | |

| | | | |
|--|---|--|------------------|
| a. Full Name | a. Full Name | | |
| Beatrice Jones | | | |
| b. Mailing Address (include City, State, and Zip Code) | b. Mailing Address (include City, State and Zip Code) | | |
| PO Box 477, Fremont, NC 27830 | Wayne County Board of Elections | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| (919) 273-9511 | beatricejones@centurylink.net | | DEC 23 2025 |
| <input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Email copy of report notices <input checked="" type="checkbox"/> Received | |

| | | | |
|--|------------------------------------|-----------------|----------|
| a. Full Name | a. Financial Institution Full Name | | |
| NONE | Southern Bank | | |
| b. Mailing Address (include City, State, and Zip Code) | | | |
| c. Phone Number | d. Email Address | b. Account Code | c. Type |
| | | 1 | Checking |
| <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.

Beatrice Jones

Printed Name of Treasurer

Beatrice Jones

12/23/2025

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.

Beatrice Jones

Printed Name of Candidate

Beatrice Jones

Signature of Candidate

12/23/25

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

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

Candidate Name: Beatrice Jones

Committee Name: Committee to Elect Beatrice Jones

Treasurer Name: Beatrice Jones

If Candidate is own treasurer, designate an agent to carry out designations: W.J. Harris

Committee ID #: TK17V1

Level Registered: [State] [County] If county, specify: County

I, Beatrice Jones, hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

| Name of Entity <small>(Select from §163-278.16B(a))</small> | Plan for Disbursement (eg. Amount or %) |
|--|---|
| 1. NCCU - Gold Wayne Chapter | 100% |
| 2. _____ | _____ |
| 3. _____ | _____ |

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

12/23/2025

Date:

CRO-3900

Candidate Designation of Committee Funds