

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	
Beatrice Jones for Fremont			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 477, Fremont, NC 27830		6/13/23	
c. Committee Website (Optional)		f. Phone Number	
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		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
		2023	Fremont
<input checked="" type="checkbox"/> Email copy of report notices			
a. Full Name		a. Full Name	
Beatrice Jones		Nona S. Fuller	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO Box 477, Fremont, NC 27830		802 Vance Street, Fremont, NC 27830	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
	beatricejones@centurylink.net		sherrod4t@outlook.com
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of report notices			
a. Full Name		a. Financial Institution Full Name	
		Southern Bank	
b. Mailing Address (include City, State, and Zip Code)		PO Box 1166 Fremont, NC 27830	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		01	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		6/23/23	
Printed Name of Treasurer		Signature of Appointed Treasurer	
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		6/23/23	
Printed Name of Candidate		Signature of Candidate	



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: Beatrice Jones for Fremont

Treasurer Name: Beatrice Jones

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

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

I, Beatrice Jones, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Christian Fellowship Alliance, Inc.</u>	<u>100%</u>
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: _____

Beatrice Jones
6/23/23

Date: _____

CRO-3900

Candidate Designation of Committee Funds