

# 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	e. Next Election Year	b. Jurisdiction
		2023	Fremont

Email copy of report notices

a. Full Name	e. Full Name		
Beatrice Jones	Nona S. Fuller		
b. Mailing Address (include City, State, and Zip Code)	d. 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	e. Phone Number	d. Email Address
	beatricejones@centurylink.net		sherrod4t@outlook.com

Send report notices by email

Yes

No

Email copy of report notices

a. Full Name	a. Financial Institution Full Name		
	Southern Bank		
b. Mailing Address (include City, State, and Zip Code)	b. Account Code		
	c. Type		
c. Phone Number	d. Email Address	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

Printed Name of Treasurer

*Beatrice Jones*

6/23/23

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

Signature of Candidate

Date



# **NORTH CAROLINA**

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

A handwritten signature in black ink that reads "Beatrice Jones".

6/23/23

Date:

CRO-3900

*Candidate Designation of Committee Funds*