

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 J. Jerome Newton Mayor	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
P.O. Box 471, Mount Olive, N.C. 28365	03/11/2022
c. Committee Website (Optional)	f. Phone Number

a. Full Name	e. Party Affiliation	RECEIVED
Jerry Jerome Newton	Non Partisan	WCBOE
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	JUL 11 2023
P.O. Box 241, Mt. Olive NC 28365	Mayor	BY
c. Phone Number	g. Next Election Year	Mount Olive
	2023	
d. Email Address	h. Jurisdiction	
<input checked="" type="checkbox"/> Email copy of report notices		

a. Full Name	a. Full Name	
Lula Faye Powell	Marilyn Trudy Dixon	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)	
108 W. Spruce Street Goldsboro, North Carolina 27530	343 Jim Grant Rd., Snow Hill, NC 28580	
c. Phone Number	d. Email Address	
	Trudydixon821@yahoo.com	
<input checked="" type="checkbox"/> Send report notices by email	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Email copy of report notices

a. Full Name	a. Financial Institution Full Name
Comatha Boyette Johnson	United Bank
b. Mailing Address (include City, State, and Zip Code)	b. Account Code
709 Robinson Place Goldsboro, North Carolina 27530	c. Type
c. Phone Number	
	Checking Business
<input checked="" 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.

Lula F. Powell

Printed Name of Treasurer

Lula F. Powell

Signature of Appointed Treasurer

7/10/2023

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.

Jerry Jerome Newton

Printed Name of Candidate

Jerry Jerome Newton

Signature of Candidate

7/10/2023

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:

J. Jerome Newton

Committee Name:

Committee to Elect J. Jerome Newton for Mayor

Treasurer Name:

Hula Faye Powell

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

Committee ID #:

Level Registered:

[State] [County] If county, specify: Municipal

I, J. Jerome Newton, 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>
<u>1. Carver Alumni and Friends</u>	<u>100%</u>
<u>2. _____</u>	<u>_____</u>
<u>3. _____</u>	<u>_____</u>

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:

J. Jerome Newton
07/10/2023

Date: