

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 KNOWS for Commissioner		d. ID Number	
b. Mailing Address (include City, State and Zip Code) PO Box 429 Pikeville, NC 27863		e. Date Organized 7/20/23	
c. Committee Website (Optional) N/A		f. Phone Number	
a. Full Name Katie Margaret Danielle Chegwidden		e. Party Affiliation Independent	
b. Mailing Address (include City, State, and Zip Code) PO Box 429 Pikeville, NC 27863		f. Office Sought Pikeville Commissioner	
c. Phone Number	d. Email Address johnson.katie5@gmail.com	g. Next Election Year 2023	h. Jurisdiction Pikeville
<input type="checkbox"/> Email copy of report notices			
a. Full Name Katie Chegwidden		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) PO Box 429 Pikeville, NC 27863		b. Mailing Address (include City, State and Zip Code) N/A	
c. Phone Number	d. Email Address johnson.katie5@gmail.com	c. Phone Number N/A	d. Email Address N/A
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
a. Full Name Katie Chegwidden		a. Financial Institution Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) PO Box 429 Pikeville, NC 27863		b. Account Code	
c. Phone Number 919 252 2734	d. Email Address johnson.katie5@gmail.com	c. Type	JUL 28 2023
<input type="checkbox"/> Email copy of report notices		BY _____	

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.

Katie Chegwidden Printed Name of Treasurer Katie Chegwidden Signature of Appointed Treasurer 07/22/23 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.

Katie Chegwidden Printed Name of Candidate Katie Chegwidden Signature of Candidate 07/22/23 Date



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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

KMDC for Commissioner
Katie Chegwooden
200 S Main St
Raleigh NC 27603

Treasurer Phone:

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.

07/26/23

Date Signed

Katie Chegwooden

Signature