

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.

1. Committee Information			
a. Name of Committee		d. ID Number	
Hiawatha Jones for City Council "One Goldsboro, One Future"			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
111 South Virginia Street Goldsboro, NC 27530		7/10/2023	
c. Committee Website (Optional)		f. Phone Number	
		919-330-7743	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Hiawatha Jones		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
111 South Virginia Street Goldsboro, NC 27530		Goldsboro City Council District 1	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-330-7743	joneshiawatha@gmail.com	2023	District 1
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Hiawatha Jones			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
111 South Virginia Street Goldsboro, NC 27530			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-330-7743	joneshiawatha@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Southern Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		Peter01	Checking
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>Hiawatha Jones 10/10/2023</p> <p>_____ Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <p>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.</p> <p>Hiawatha Jones 10/10/2023</p> <p>_____ Printed Name of Candidate Signature of Candidate Date</p>			