

Statement of Organization - Candidate Committee

Amendment



Yes



No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information

a. Full Name Committee to Elect Laura Parnell	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1059 19 th Ave PI NW Hickory, NC 28601	d. Date Organized 7/3/2018
	e. Phone Number 828-302-0448

2. Candidate Information



Candidate's Primary Committee

a. Full Name Laura Parnell	e. Candidate ID Number	f. Party Affiliation Non-Partisan
b. Mailing Address (include City, State, and Zip Code) 1059 19 th Ave PI NW Hickory, NC 28601	g. Office Sought Soil and Water Conservation Sup.	
c. Phone Number 828-302-0448	d. Email Address electlauraparnell@gmail.com	h. Next Election Year 2018
<input type="checkbox"/> Email copy of notices		i. Jurisdiction Catawba County

3. Treasurer Information

a. Full Name Rose Jump
b. Mailing Address (include City, State, and Zip Code) 546 Boxwood St Hudson, NC 28638
c. Phone Number 828-728-5974
d. Email Address lrjump@bellsouth.net

4. Custodian of Books Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

I prefer to receive my notices by email ☐ Yes ☐ No☐ Email copy of notices

5. Assistant Treasurer Information



Add



Remove

a. Full Name)

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number	d. Email Address
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c. Phone Number	d. Email Address
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☐ Email copy of notices

6. Account Information (incl. CRO-3500)



Add



Remove

a. Financial Institution Full Name SECU

b. Purpose Campaign Acct

c. Account Code LNP	d. Type Checking
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CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22b, & 22D-22M 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.

Rose Jump

Printed Name of Signer


Signature of Appointed Treasurer

10/22/2018

Date



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

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.

FILED BY:

Committee Name: Committee to Elect Laura Parnell

Treasurer Name: Rose Jump

Treasurer Address: 546 Boxwood St

(include city, state, & zip) Hudson, NC 28638

Treasurer Phone: 828-728-5974

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 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.

10/22/2018

Date Signed

Rose Jump
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.