

# 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).

<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
Elect Daria Jackson for Ward 3					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
2425 N Center Street Box 385 Hickory, NC 28601				7/12/2019	
				e. Phone Number	
				828-962-9463	
<b>2. Candidate Information</b> <input checked="" type="checkbox"/> <b>Candidate's Primary Committee</b>					
a. Full Name			e. Candidate ID Number		f. Party Affiliation
Daria Veneice Jackson					Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
2425 N Center Street Box 385 Hickory, NC 28601			Ward 3		
c. Phone Number		d. Email Address		h. Next Election Year	
828-962-9463		dariajackson6@gmail.com		2019	
				i. Jurisdiction	
				City Of Hickory	
<input checked="" type="checkbox"/> <b>Email copy of notices</b>					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Daria Veneice Jackson			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
2425 N Center Street Box 385 Hickory, NC 28601					
c. Phone Number		d. Email Address		c. Phone Number	
828-962-9463		dariajackson6@gmail.com		d. Email Address	
<input checked="" type="checkbox"/> <b>I prefer to receive notices by email</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> <b>Email copy of notices</b>					
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> <small>(incl. CRO-3500)</small>		
a. Full Name			a. Financial Institution Full Name		
N/A			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number		d. Email Address		c. Account Code	
				d. Type	
<input type="checkbox"/> <b>Email copy of notices</b>					
<b>CERTIFICATION</b>					
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.					
Daria Jackson		[Signature]		7-12-19	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is

**This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.**

#### FILED BY:

Candidate Name: Daria Veneice Jackson

Treasurer Name: Daria Veneice Jackson

Treasurer Address: 2425 N Center Street Box 385

(include city, state, & zip) Hickory, NC 28601

Treasurer Phone: 828-962-9463

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7-12-19

Date Signed

[Signature]

Signature



# 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: Elect Daria Jackson for Ward 3

Treasurer Name: Daria Veneice Jackson

Treasurer Address: 2425 N Center Street Box 385

(include city, state, & zip) Hickory, NC 28601

Treasurer Phone: 828-962-9463

#### 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 DISCLAIMER 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 from the beginning of the current election cycle. I further agree to file all future reports required.

Date Signed

7-12-19

Signature



# 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: Daria Veneice Jackson  
Committee Name: Elect Daria Jackson for Ward 3  
Treasurer Name: Daria Veneice Jackson  
If Candidate is own treasurer, designate an agent to carry out designation: Janakia Peoples  
Committee ID#: \_\_\_\_\_  
Level Registered: [State] [County] If county, specify: Catawba

I, Daria Veneice Jackson 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> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Clinton Tabernacle AME Zion</u>	<u>100%</u>
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:   
Date: \_\_\_\_\_