

Statement of Organization - Candidate Committee Reservice from must be accommissed in the Committee of Candidate committee.

Amendment	
☐ Yes	□ No

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			c. ID Number		
Committee to Elect Jessia Dixon Towart			MANAGE CONTRACTOR		
b. Mailing Address (incl	lude City, State and Zip Code)			d. Date Organized	
910 S Junier Street		2/23/18			
Kamapolis NC 128081			e. Phone Number		
			704-305-1303		
2. Candidate Inform	mation	<u> </u>	Candidate	e's Primary Committee	
a. Full Name		e. Candidate ID Numbe	er	f. Party Affiliation	
Jesska :	Dixon Tourt	TOTO SERVED		Non Partis on (Indicate Non-partisan if applicable)	
	lude City, State, and Zip Code)	g. Office Sought	si a s	Note that the second se	
9105 Juni	Per Street	3.4		2	
		Kannapolis City		School Board	
c . Phone Number	d. Email Address	h Next Election Veer		Jurisdiction	
704-305-1303.	Tari T 120100 - 1	m 2018	-	1/	
Email copy of no	TessicaTour +2018@gmail.ca	$m \propto 0.10$	1	Kanapolis City	
3. Treasurer Inform	nation	4. Custodian of Bo	oks Inforn	nation	
a. Full Name		a. Full Name	a. Full Name		
	Vxus Towart				
b. Mailing Address (incl	b. Mailing Address (include City, State, and Zip Code)				
910 S Juni	RIST				
Kamupolis	nupolis NC 28081				
c. Phone Number	c. Phone Number d. Email Address				
704-305-139) Jossica Towart 2018@gmodon					
I prefer to receive	notices by email Yes No	Email copy of	f notices		
5. Assistant Treasurer Information					
a. Full Name Remove a. Financial Institution			Full Name	Remove	
Uwharric Bonk				1 R	
b. Mailing Address (include City, State, and Zip Code) b. Purpose					
		Campaign	trans	sactions	
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		INNETT	Aha	alaxa ci	
☐ Email copy of	10001104	CHE	arry		
CERTIFICATION					
	ommittee or Fund is in compliance with				
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.					
Jessica Towart Juntant 2/26/18					
Printed Name of Signer Signature of Appointed Treasurer Date					