DUE 7120

## Statement of Organization - Candidate Committee

Is this statement:

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                             | to 5500. All allolada form is required for e   |                                    |
|--|--|------------------------------------|
| a. Name of Committee                                 |  | d. ID Number                       |
| Committee to re                                      | 1 Pan-11 Jackan                                |                                    |
| b. Mailing Address (include City, State and Zip Cod  | de)  | e. Date Organized                  |
| DOD 1110 1   | 1 414 20                                       |                                    |
| POBOT 460 AANWADDIS NC 28082                         |  | 7-15-23                            |
| c. Committee Website (Optional)                      |  | f. Phone Number                    |
|  |  | 704-791-0063                       |
| 2. Candidate Information                             |  |                                    |
| a. Full Name   | e. Party Affiliation                           |                                    |
| DARREIL JACKSON                                      | Non-Fantic                                     | 26.2                               |
| b. Mailing Address (include City, State, and Zip Coo |  | Som .                              |
| •  |  |                                    |
| PO Boy 460 MADWARDO                                  | 2000 Kanandi                                   | s City Council                     |
|  |  |                                    |
| c . Phone Number d. Email Address                    | g. Next Election Year                          | h. Jurisdiction                    |
| 104-791-0063 dj.Ach30W & A                           | NEDGMAIL 2023                                  | Kan Ister                          |
| Email copy of report notices                         |  | KANNEDISNC                         |
| 3. Treasurer Information                             | 4. Assistant Treasurer I                       | nformation                         |
| a. Full Name   | a. Full Name                                   | 34                                 |
| Victoria Little                                      | Victoria /                                     | JH/F                               |
| b. Mailing Address (include City, State, and Zip Cod | de) b. Mailing Address (include C              | Tity. State and Zin Code)          |
| POBy 460   | POBet 40                                       |                                    |
| 10. 11. 11   | 78 - 0 1                                       | N . C                              |
| KANNAPOINS NC  | 28082 ATANNADOLI                               | s m allog                          |
| c. Phone Number V d. Email Address                   |  | ail Address                        |
| 704 791 2146 Victorial, THE C                        | DAMAIL 704 771 2146 1                          | dorin Little Man L                 |
| Send report notices by email Y                       |  | notices                            |
| 5. Custodian of Books Information (Keepe             |  |                                    |
| a. Full Name Victorin Little                         | a. Financial Institution Full N                |                                    |
|  | WELS far                                       | RECIVED                            |
| b. Mailing Address (include City, State, and Zip Coo |  | 10 ii.                             |
|  |  | JUL 1 8 20                         |
| POBOX 460 KAUNAPOL                                   |  |                                    |
| c. Phone Number d. Email Address                     | b. Account Code c. Typ                         | CABARRUS CO<br>BOARD OF ELEC       |
| - / / / /  | 2  | 1                                  |
|  | MAIL COM DI C                                  | ARCINNS                            |
| Email copy of report notices                         |  | /                                  |
| Email copy of report notices                         |  | . /                                |
|  | ce with all applicable provisions of Article 2 |                                    |
|  | mingled with prohibited or other non-disclo    | osed funds. I further certify that |
| this report is complete, true and correct.           | HT. DA   |                                    |
| Victorin Little                                      | VICLAR THE                                     | 7-19-25                            |
| Printed Name of Treasurer                            | Signature of Appointed Treasurer               | Date                               |
|  | V  |                                    |
| I certify that the information above is correc       |  |                                    |
| duties and responsibilities imposed upon the         | appointed treasurer and subject to the penal   | Ities in Article 22A of Chapter    |
| 163 of the NC General Statutes.                      |  |                                    |
| DARRell Jackson (                                    | Cechin 1000le                                  | ~ 7-15-25                          |
| Printed Name of Candidate                            | Signature of Candidate                         | Date                               |
| CRO-2100A  | NC State Board of Elections                    | November 2019                      |