## **Statement of Organization - Candidate Committee**

| Is, this sta | tement:   |
|--------------|-----------|
| New          | ☐ Amended |

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

This form must be accommanded by form CRO. 3500. An amended form is

| 1. Committee Information   | nended form is requir   | red for each new election year.   |  |
|--|---|---|--|
| a. Name of Committee   |   | d. ID Number  |  |
|  | not used  |   |  |
| Dennifer league for May<br>b. Mailing Address (include City, State and Zip Code)   |   |   |  |
| 7122 PALLINA LO LLACOCCIUS   | e. Date Organized   |   |  |
| 7132 Bovine Ln. Harrisburg,  | 7.15.21   |   |  |
| c. Committee Website (Optional)  |   | f. Phone Number   |  |
|  |   | 704.995.0564  |  |
| 2. Candidate Information   |   |   |  |
| a. Full Name   | e. Party Affiliation  |   |  |
| Jennifer Kay Teague  | Republican Party  |   |  |
| b. Mailing Address (include City, State, and Zip Code)   | f. Office Sought  |   |  |
| 7132 Bovine Lane<br>Harrisburg, NC 28075   | Mayor T   | Town of Harrisburg  |  |
| c . Phone Number d. Email Address  | g. Next Election Year   | h. Jurisdiction   |  |
| 704.995.0504 teague jennifer5@gmail.com  |   | Cabarrus  |  |
| Email copy of report notices   | 7 2021  | County  |  |
| 3. Treasurer Information   | 4. Assistant Treas  | surer Information   |  |
| a. Full Name   | a. Full Name  | outer into manual   |  |
| Jennifer Kay Teague  | N/A   |   |  |
| ). Mailing Address (include City State and Zin Code)   | b. Mailing Address (in  | nclude City, State and Zip Code)  |  |
| 7132 Bovine Lane<br>Harrisburg, NC 28075   | NIA   |   |  |
| . Phone Number d. Email Address  | c. Phone Number   | d. Email Address  |  |
| 704995.0564 teague.jennifer5egmail.com   | NIA   | NIA   |  |
| Send report notices by email Yes No  | ☐ Email copy of:  | report notices  |  |
| 5. Custodian of Books Information (Keeper of Records)  Full Name   | 6. Account Inform   |   |  |
|  | a. Financial Institution  | n Full Name BOARD OF ELEC   |  |
| N/A  | Wells F   | avao  |  |
| . Mailing Address (include City, State, and Zip Code)  |   | JUL 2 1 202   |  |
| NA   |   | RECEIVED  |  |
| Phone Number d. Email Address  | b. Account Code   | c. Type   |  |
| NA NA  | 1   |   |  |
| Email copy of report notices   | 1 1   | Checking  |  |
| I certify that the Committee is in compliance with all applic General Statutes and that no funds are commingled with prothis report is complete, true and correct.  Jennifer Teague  Printed Name of Treasurer  Sign | cable provisions of A<br>chibited or other non<br>May Jean<br>gnature of Appointed Trea | rticle 22A of Chapter 163 of the NC -disclosed funds. I further certify that  7.19.21 |  |
| certify that the information above is correct, and I, as the ca  | andidate, appoint said  | I treasurer to personally fulfill the   |  |
| aties and responsibilities imposed upon the appointed treasu   | rer and subject to the  | e penalties in Article 22A of Chapter   |  |
| 63 of the NC General Statutes.   | , 1   |   |  |
| Jennifer league De   | might teach   | ne 7.19.21  |  |
| Printed Name of Candidate  | Signature of Candidate  | Date  |  |
| RO-2100A NQ State Boa  | NC State Board of Elections November 2019   |   |  |