Statement of Organization - Candidate Committee

Is this state	ment:
X New	Amended

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.	
. Committee Information		d. ID Number	
a. Name of Committee			
The Committee to Elect Jack Lambert		109-9N9F01-Ca	
o. Mailing Address (include City, State and Zip Code)		e. Date Organized	
57 Union St. S Ste. 501 Concord, NC 28025		12/15/2023	
c. Committee Website (Optional)		f. Phone Number	
, , , , , , , , , , , , , , , , , , ,		704-668-7601	
2. Candidate Information			
ı. Full Name	e. Party Affiliation		
ackson Lambert Repub		Republican	
o. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
57 Union St. S Ste. 501		County Commissioner	
Concord, NC 28025			
c. Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction	
704-668-7601 jack@lambertforcabarrus.com	2024	Cabarrus County	
☐ Email copy of report notices		I-formation	
3. Treasurer Information a. Full Name	4. Assistant Treasu	irer information	
	a. Pun ivaliic	NI/A	
Jinger Kelley		N/A	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	clude City, State, and Zip Code)	
236 Sommedows e Pt			
Morrod, NC 28128	c. Phone Number	d. Email Address	
c. Phone Number d. Email Address	e. Phone Number	u. Eman Address	
878-776- Jin Kelky Qyahow.com			
Send report notices by email Yes X No	☐ Email copy of		
5. Custodian of Books Information (Keeper of R			
a. Full Name	a. Financial Institution		
5. rger Kelley b. Mailing Address (include City, State, and Zip Code)	F&B Bank		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
236 Symmetruse Pt	Campaign Account		
Morrood NC 28128			
c, Phone Number d. Email Address	b. Account Code	c. Type	
828-776-3771	- 01	Checking	
☐ Email copy of report notices			
I certify that the Committee is in compliance with the NC General Statutes and that no funds are confurther certify that this report is complete, true and	nmingled with prohibid correct.	ted or other non-disclosed funds. I	
Jinger Kelley Printed Name of Treasurer	Signature of Appointed Tra	asurer Date	
I certify that the information above is correct, and	I, as the candidate, app	point said treasurer to personally fulfi	
the duties and responsibilities imposed upon the ap	pointed treasurer and	subject to the penalties in Article 22A	

Printed Name of Candidate

NC State Board of Elections