

Statement of Organization - Candidate Committee

Is this statement:

☒ 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.

1. Committee Information			
a. Name of Committee		d. ID Number	
Jayne with a Y Williams			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
320 Center St. Kannapolis, NC 28083		7/14/2025	
c. Committee Website (Optional)		f. Phone Number	
		704-441-7058	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Jayne Williams		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
320 Center St. Kannapolis, NC 28083		Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-441-7058	jaynewilliams696@gmail.com	2025	City of Kannapolis
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Rachel Phipps		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
347 Parkview Ct. SW Concord, NC 28025			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-886-8397	rachel.phipps@my.strayer.edu		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)			
a. Full Name		a. Financial Institution Full Name	
N/A		Uwharrie Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		2025	Checking
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p> <u>Rachel Phipps</u> <u>[Signature]</u> <u>7-16-25</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p> I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes. </p> <p> <u>JAYNE WILLIAMS</u> <u>[Signature]</u> <u>7/16/25</u> Printed Name of Candidate Signature of Candidate Date </p>			