

# 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
The Committee to Elect Jack Lambert	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
2405 Herrons Nest PL NW #5414 Concord NC 28027	7/19/25
c. Committee Website (Optional)	f. Phone Number

## 2. Candidate Information

a. Full Name	e. Party Affiliation		
Jack L. Lambert	Non-partisan election		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
2405 Herrons Nest PL NW #5414 Concord NC 28027	Concord City Council District 4		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704 668 7601	jacklambert459@gmail.com	2025	City of Concord
<input type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Jack L. Lambert	2405 Herrons Nest PL NW #5414 Concord NC 28027
c. Phone Number	d. Email Address
704 668 7601	
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

## 4. Assistant Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	b. Account Code	c. Type
F&M Bank NC	JLL	Checking

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.

Jack L. Lambert  
Printed Name of Treasurer

[Signature]  
Signature of Appointed Treasurer

7/22/25  
Date

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.

Jack L. Lambert  
Printed Name of Candidate

[Signature]  
Signature of Candidate

7/22/25  
Date