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

	tatement:
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 for	rm is required for each new election ve	ear.
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1. Committee Infor	mation					
a. Name of Committee	d. ID Number					
Ke-elect	Jennifer Teague					
b. Mailing Address (incl	e. Date Organized					
7132 Bovine Lane Harrisburg, NL 28075				7/7/2025		
c. Committee Website (C				f. Phone Number		
				704.995.0564		
2. Candidate Inform	nation					
a. Full Name		e. Party Affiliation				
Jennifer Teague		Non-Partisan				
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought				
7132 Bovine		^^ -				
Harrisburg	, NL 26075	Mayor				
c . Phone Number		g. Next Election Year		h. Jurisdiction		
	teague, jennifer se gmoul com	2025 Town of Hamisburg		Town of Hamsburg		
☐ Email copy of report notices  3. Treasurer Information		4. Assistant Treasu	rer Info	rmation		
a. Full Name	iation	a. Full Name				
Jenni Fer Ta	NIA					
	ude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
7132 Bovine Lane		RÉCEIVED IN-PERSON				
Harrisburg, 1	56 26075			CED 2 2 2025		
	d. Email Address	c. Phone Number	d. Email	Address SEP 2 3 2025		
704.995.0564	teague. jennifersegmail.com			CABARRUS COUNTY BOARD OF ELECTIONS		
Send report no		☐ Email copy of re				
	ks Information (Keeper of Records)	6. Account Informa		(incl. CRO-3500)		
a. Full Name	1/-	a. Financial Institution		e		
/	J (P	Pinnacle				
b. Mailing Address (incl	ude City, State, and Zip Code)					
		Campaign Account				
c. Phone Number	d. Email Address	b. Account Code	c. Type			
		<u></u>	11			
☐ Email copy of re	port notices	U	Che	cking		
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.    Printed Name of Treasurer   Signature of Appointed Treasurer   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.						
923.25						
Jenniter	Laghe	My dery				
Printed Name of Candidate Signature of Candidate Date						