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

Is this statement:

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	londed form is requi		w creetion year.
a. Name of Committee		- 1.7.8	d. ID Number
The Campaian to Elect Jenni for b. Mailing Address (include City, State and Zip Code)	Castillo		88-1040604
104 Nathan Ave Winston-So	Im.N.J	107	e. Date Organized
c. Committee Website (Optional)			f. Phone Number
2. Candidate Information	10.com		(336)986-303
a. Full Name	e. Party Affiliation		
Jennifer Elizabeth Cashilt b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	ocra+	
184 Nathan Ave . Winston-SalemNC27	107 Forsyth (	anly Bo Distric	ard of talkation
c. Phone Number d. Email Address	g. Next Election Year	h. Ju	risdiction
B36/986-303 rastilb2288 Cymuil- Email copy of report notices	Am ar	p I	)st.2
3. Treasurer Information	4. Assistant Treas	urar Informo	tion
a. Full Name	a. Full Name	MACI INIUI 113	LLUII
Jennifer Castills	~		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	clude City, State	e and Zip Code)
4) MSION JULEM, NC 2101			N 13
c. Phone Number d. Email Address	c. Phone Number	d. Email Addre	255
(376)986-3035 (astillo2)88@gm	ail com		
Send report notices by email Ves No	Email copy of r		4.0 may
5. Custodian of Books Information (Keeper of Records)	6. Account Inform		CRO-3500)
	a. Financial Institution		redit (Inin)
b. Mailing Address (include City, State, and Zip Code)	meguin	aum 0	all vina j
Amondali			
c. Phone Number d. Email Address	b. Account Code	c. Type	
Email copy of report notices	8122-C	Check	ing
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, the and correct.			
Printed Name of Freasurer Signature of Appointed Treasurer Date			
I certify that the information above is correct, and I, as the calluties and responsibilities imposed upon the appointed treasu	ndidate, appoint said rer and subject to the	treasurer to penalties in A	ersonally fulfill the rticle 22A of Chapter
63 of the NC General Statutes.	nih Cont	itte	scheldi
Printed Name of Candidate	Signature of Candidate		Date
CRO-2100A Ne State Boa	rd of Elections		November 2019



## **Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed	at the Board of Elections office where the committee's campaign reports are filed.	
Candidate Name:	Jenniker Castillo	
Committee Name:	The Campaign to Elect Jennifer Castilly	
Treasurer Name:	Jenniter Castillo	
If Candidate is own treasurer, designate an agent to carry out designations:		
Committee ID #:	88-1046604	

Level Registered:

(Name of Candidate)

[State] [County] If county, specify:\_\_\_\_

, hereby direct that in the event of my death or incapacity all

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a)) 1. Neighbors for Petter Neigh 2.\_\_\_\_\_

Plan for Disbursement (eg. Amount or %)

I.

3.

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

Date:

CRO-3900

Candidate Designation of Committee Funds