

Statement of Organization - Candidate Committee

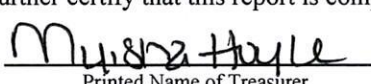
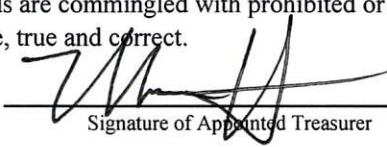
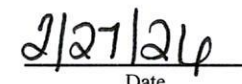
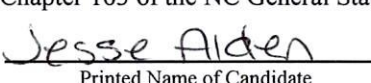
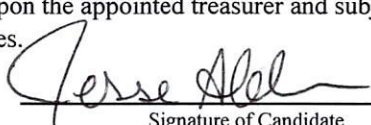
Is this statement:

☐ 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	
Jesse Alden for County Commissioner			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2457 N Olivers Cross Rd Newton, NC 28658		12/19/2025	
c. Committee Website (Optional)		f. Phone Number	
		915-422-2962	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Jesse Lee Alden		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2457 N Olivers Cross Rd Newton, NC 28658		Commissioners	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
915-422-2962	jesse@phoenixpt.net	2026	Catawba
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Myisha Hoyle		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
8477 Mayflower Ct Terrell, NC 28682			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-804-2754	mshoyle2014@gmail.com		
Send report notices by email ☒ Yes ☐ No		☐ Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		Truist	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		ATEAM	Checking
☐ Email copy of report notices			
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.    Printed Name of Candidate Signature of Candidate Date			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: Jesse Lee Alden
Committee Name: Jesse Alden for County Commissioner
Treasurer Name: Myisha Hoyle
If Candidate is own treasurer, designate an agent to carry out designations: N/A
Committee ID#: _____
Level Registered: [State] [County] If county, specify: Catawba

I, Jesse Lee Alden hereby direct that in the event of my death or incapacity all
(Name of Candidate)
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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>DAV</u>	<u>100%</u>
2. _____	_____
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: Jesse Alden
Date: 2/27/20