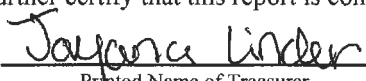
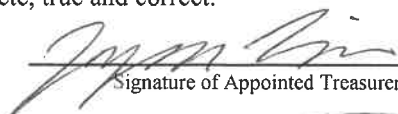
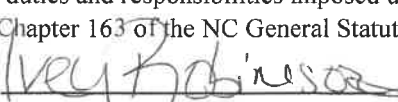
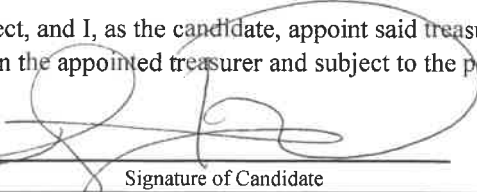


# Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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	
Ivey Robinson for Newton Council			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO BOX 912 Newton, NC 28658		7/27/2021	
c. Committee Website (Optional)		f. Phone Number	
		704-390-5544	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Ivey Lucille Robinson		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO BOX 912 Newton, NC 28658		Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-390-5544	saogwc3@gmail.com	2021	Newton
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jayana Linder		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1836 20th Ave Dr NE Apt B Hickory, NC 28601			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-238-1004	linjay1026@gmail.com		
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)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		Peoples 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
		Love	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>			
 Printed Name of Treasurer		 Signature of Appointed Treasurer	
		7/27/2021 Date	
<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>			
 Printed Name of Candidate		 Signature of Candidate	
		7/27/2021 Date	