

# 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	
Marie Jackson for School Board		
b. Mailing Address (include City, State and Zip Code)	e. Date Organized	
2410 Merrimont Dr. Winston Salem 27106	1/5/20	
c. Committee Website (Optional)	f. Phone Number	
	910-244-9327	

## 2. Candidate Information

a. Full Name	e. Party Affiliation	
Marie Jackson	Democrat	
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	
2410 Merrimont Dr Winston Salem, NC 27106	School Board - District 2	
c. Phone Number	d. Email Address	g. Next Election Year
910-244-9327	mariejacksonnc@gmail.com	2024
<input checked="" type="checkbox"/> Email copy of report notices		

## 3. Treasurer Information

a. Full Name	e. Party Affiliation	
Marie Jackson	Democrat	
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	
2410 Merrimont Dr Winston Salem NC 27106	School Board - District 2	
c. Phone Number	d. Email Address	g. Next Election Year
910-244-9327	mariejacksonnc@gmail.com	2024
<input checked="" type="checkbox"/> Email copy of report notices		

a. Full Name	e. Party Affiliation	
Marie Jackson	Democrat	
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	
2410 Merrimont Dr Winston Salem NC 27106	School Board - District 2	
c. Phone Number	d. Email Address	g. Next Election Year
910-244-9327	mariejacksonnc@gmail.com	2024
<input checked="" type="checkbox"/> 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.

Marie Jackson  
Printed Name of Treasurer

mariejackson  
Signature of Appointed Treasurer

1/5/20  
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.

Marie Jackson  
Printed Name of Candidate

mariejackson  
Signature of Candidate

1/5/20  
Date



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

#### FILED BY:

Committee Name:

Marie Jackson for school Board

Treasurer Name:

Marie Jackson

Treasurer Address:

2410 Merrimont Dr

(include city, state, & zip)

Winston Salem NC 27106

Treasurer Phone:

901-244 - 9327

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

1/5/20

Date Signed



Signature

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STATE BOARD OF ELECTIONS



# 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: Marie Jackson

Committee Name: Marie Jackson for School Board

Treasurer Name: Marie Jackson

If Candidate is own treasurer, designate an agent to carry out designations: Kathryn Bornac

Committee ID #: \_\_\_\_\_

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

I, Marie Jackson, 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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Marie Jackson for School Board</u>	<u>100%</u>
2. <u>Hate out of Winston</u>	<u>100%</u>
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: Marie Jackson

Date: 1/5/24

CRO-3900

Candidate Designation of Committee Funds

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STATE BOARD OF ELECTIONS