

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	
Committee to Elect Dejuana Bigelow			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1710 Hanford Hills, Graham, NC 27253		6/1/2021	
c. Committee Website (Optional)		f. Phone Number	
		336-539-6285	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Dejuana Warren Bigelow		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1710 Hanford Hills Graham, NC 27253		Burlington City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-539-6285	BigelowforBurlington@gmail.com		
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Katherine S. Landes			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1313 Cherry Dr. Burlington, NC 27215			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-212-1573	klandes@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	
		Truiliant Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1	Checking
<input 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.

Katherine S. Landes Katherine A Landes 4-18-21
 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.

Dejuana Bigelow [Signature] 4/18/24
 Printed Name of Candidate Signature of Candidate Date