

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 <i>KatieCares</i>		d. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>16 Aman Ct., Durham NC 27713</i>		e. Date Organized <i>3/08/2018</i>	
c. Committee Website (Optional) <i>N/A</i>		f. Phone Number <i>919-452-5441</i>	
2. Candidate Information			
a. Full Name <i>Katie E. Jones</i>		e. Party Affiliation	
b. Mailing Address (include City, State, and Zip Code) <i>16 Aman Ct., Durham NC 27713</i>		f. Office Sought <i>Durham County Board of Education (District 3)</i>	
c. Phone Number <i>919-452-5441</i>	d. Email Address <i>keeducator@gmail.com</i>	g. Next Election Year	h. Jurisdiction
<input type="checkbox"/> Email copy of report/notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <i>Coleman Mitchell</i>		a. Full Name <i>N/A</i>	
b. Mailing Address (include City, State, and Zip Code) <i>19 Kingswood Ln Chapel Hill, NC 27517</i>		b. Mailing Address (include City, State and Zip Code) <i>Same</i>	
c. Phone Number <i>9198241904</i>	d. Email Address <i>DONNELL@NCR.R.COM</i>	c. Phone Number	d. Email Address
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		IN-PERSON	
c. Phone Number		NOV 17 2025	
d. Email Address		b. Account Code	c. Type <i>Durham County BOE</i>
<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.

Coleman Mitchell

Printed Name of Treasurer

CM

Signature of Appointed Treasurer

11-17-25

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.

Katie E. Jones

Printed Name of Candidate

Katie E. Jones

Signature of Candidate

11/17/2025

Date