

**Statement of Organization - Candidate Committee**

Is this statement:	
<input checked="" type="checkbox"/> New	<input 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
Friends of Jennifer Raimey	3GPL00
b. Mailing Address (include City, State, and Zip Code)	e. Date Organized
213 N Cedar Street	12/14/25
c. Committee Website (Optional)	f. Phone Number
N/A	704-725-5219

**2. Candidate Information**

a. Full Name	e. Party Affiliation
Jennifer Raimey	Republican
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
213 N Cedar St Lincolnton, NC 28092	School Board
c. Phone Number	d. Email Address
704-728-5219	jraimy@yahoo.com
<input type="checkbox"/> Email copy of report notices	

**3. Treasurer Information**

a. Full Name	4. Assistant Treasurer Information			
Jennifer Raimey	a. Full Name			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)			
Same	N/A			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address	
Same	Same			
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)**

a. Full Name	6. Account Information (incl. CRO-3500)			
Same	a. Financial Institution Full Name			
b. Mailing Address (include City, State, and Zip Code)	Wells Fargo			
Same	111081			
c. Phone Number	d. Email Address	b. Account Code	c. Type	
Same	Same	111081	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.

Jennifer Raimey

Printed Name of Treasurer

Jennifer Raimey

Signature of Appointed Treasurer

12/11/25

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.

Jennifer Raimey

Printed Name of Candidate

Jennifer Raimey

Signature of Candidate

12/11/25

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:

Friends of Jennifer Raimey

Treasurer Name:

Jennifer S. Raimey

Treasurer Address:

213 N Cedar Street

(include city, state, & zip)

Lincolnton, NC 28092

Treasurer Phone:

704-728-5219

#### 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.

12/11/25

Date Signed

Jennifer S. Raimey

Signature



# NORTH CAROLINA

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## 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:

Jennifer Raimey

Committee Name:

Friends of Jennifer Raimey

Treasurer Name:

Same

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

Raimey

Committee ID #:

\_\_\_\_\_

Level Registered: NC

I, Jennifer Raimey (Name of Candidate) hereby direct that in the event of my death or incapacity all

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 %)
<u>Lincoln Cultural Center</u>	<u>50%</u>
<u>Lincoln County United Way</u>	<u>50%</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:

Jennifer Raimey  
12/11/25

Date:

# Disclosure Report Cover

Amendment

Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

## 1. Committee Information

a. Full Name

Friends of Jennifer Rainey

c. ID Number

3GPL00

b. Mailing Address (include City, State and Zip Code)

313 N Cedar St  
Lincolnton, NC 28092

d. Date Filed

12/15/25

e. Phone Number

704-728-5219

2. Report Year

3. Period Start Date (mm/dd/yy)

4. Period End Date (mm/dd/yy)

5. Treasurer Full Name

## 6. Type of Committee (Check One)

Candidate Campaign  Party  
 PAC  Referendum  
 Independent Expenditure  Joint Fundraiser  
 Legal Expense Fund

## 9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
<input checked="" type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input type="checkbox"/> Final	
	<input type="checkbox"/> Special	

## 7. Type of Fund (if applicable, check one)

Booster Fund  
 Building Fund  
 Other:

## 8. Number of Fundraisers this Report

## 10. Special Report Name

## 11. Account Information

a. Financial Institution Full Name

Wells Fargo

## 11. Account Information

a. Financial Institution Full Name

b. Purpose

Campaign

c. Account Code

1108

d. Period Begin Balance

\$ 25

b. Purpose

c. Account Code

d. Period Begin Balance

\$

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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 and that I have been trained by the NC State Board of Elections.

Jennifer Rainey

Printed Name of Signer

Jennifer Rainey

Signature of Appointed Treasurer

12/17/25

Date

## FOR OFFICE USE ONLY

Date Received:

12/17/25

Employee:

Rainey

### Delivery Method

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked:

Employee:

Signer has not received mandatory training

Date Scanned:

Employee:

Date Data Entered:

Employee:

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Friends of Jennifer Rainey Organ		3GPL00
Start of Election Cycle: January 1, 2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 25.00	\$
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 25.00	\$
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 25.00	\$
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	\$
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

# Contributions from Individuals

Pg \_\_\_\_\_ of \_\_\_\_\_

Amendment

Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)

Friends of Jennifer Rainey

2. ID Number

3G-PL00

3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

Jennifer Rainey  
313 N Cedar St  
Lincolnton, NC 28092

b. Job Title/Profession

Demand Planner

d. Comments

c. Employer's Name/Specific Field

Kohler

e. Election Sum to Date

\$ 25

f. Prior g. Account Code h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$

f. Prior g. Account Code h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$

f. Prior g. Account Code h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$

5. Total of ALL CRO-1210 Pages

\$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

25.00