

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
Committee to Elect Dimple Ajmera	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
6528 Matlea Ct Charlotte, NC 28215	
c. Committee Website (Optional)	f. Phone Number

2. Candidate Information

a. Full Name	e. Party Affiliation		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Jaiden Whitner	13404 Mallard Landing Rd Charlotte, NC 28278
c. Phone Number	d. Email Address
704-890-1314	jaidenwhitner06@gmail.com

4. Assistant Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)
	MECKLENBURG COUNTY
c. Phone Number	d. Email Address
	JUL 21 2025

Send report notices by email ☒ Yes ☐ No

☐ Email copy of report notices BOARD OF ELECTIONS

5. Custodian of Books Information (Keeper of Records)

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	b. Account Code	c. Type

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.

Jaiden Whitner
Printed Name of Treasurer

Jaiden Whitner
Signature of Appointed Treasurer

7/14/25
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.

Dimple Ajmera
Printed Name of Candidate

Dimple Ajmera
Signature of Candidate

7/15/25
Date



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: Dimple Ajmera

Committee Name: Committee to Elect Dimple Ajmera

Treasurer Name: Jaiden Whitner

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

Committee ID #: _____

Level Registered: [State] (County) If county, specify: Mecklenburg

I, Dimple Ajmera, 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>SEE International</u>	<u>100%</u>
2. _____	_____
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: [Signature]

Date: 7/15/25

MECKLENBURG COUNTY

JUL 21 2025

BOARD OF ELECTIONS