

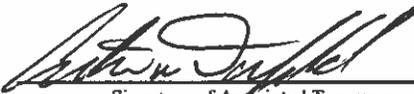
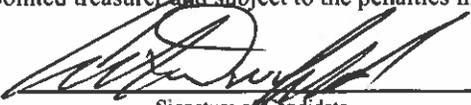
Statement of Organization - Candidate Committee

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 Art Dornfeld			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
147 country club drive Shallotte, NC 28470		11-23-2021	
c. Committee Website (Optional)		f. Phone Number	
www.electartdornfeld.com		910-612-5523	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Arthur W. Dornfeld		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
147 country club drive shallotte NC 28470		Brunswick county commissioner District 2	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-612-5523	domdog2001@yahoo.com	2022	
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Arthur W. Dornfeld			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
147 Country club drive shallotte NC 28470			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-612-5523	dorndog2001@yahoo.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	
Arthu W. Dornfeld		FIRST BANK	
b. Mailing Address (include City, State, and Zip Code)			
147 Country club drive Shallotte NC 28470			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910-612-5523	domdog2001@yahoo.com	1156	CHECKING
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>Arthur W. Dornfeld _____ Printed Name of Treasurer</p> <p> _____ Signature of Appointed Treasurer</p> <p>12-3-2021 _____ Date</p> <p>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.</p> <p>Arthur W. Dornfeld _____ Printed Name of Candidate</p> <p> _____ Signature of Candidate</p> <p>12-3-2021 _____ Date</p>			