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
Campaign Committee for Bill Flythe	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
620 E. Leonard St Southport, NC 28461	12/7/2021
c. Committee Website (Optional)	**f. Phone Number**
	910-457-5882

2. Candidate Information

a. Full Name		e. Party Affiliation	
William Columbus Flythe		DEM	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
620 E. Leonard St Southport, NC 28461		Board of Education	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
910-457-5882	wfly@bellsouth.net	2022	District 3
☐ Email copy of report notices			

3. Treasurer Information

a. Full Name	
William Columbus Flythe	
b. Mailing Address (include City, State, and Zip Code)	
620 E. Leonard St Southport, NC 28461	
c. Phone Number	**d. Email Address**
910-457-5882	wfly@bellsouth.net
Send report notices by email ☒ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**
☐ Email copy of report notices	

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**
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6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
Truist	
b. Account Code	**c. Type**
3	Checking

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.

William C. Flythe	William C. Flythe	12/7/21
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.

William C. Flythe	William C. Flythe	12/7/21
Printed Name of Candidate	Signature of Candidate	Date