

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	
Bill Craft for town Council			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
204 Barbee Blvd Oak Island NC 28465		6-10-21	
c. Committee Website (Optional)		f. Phone Number	
		9196122622	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
William M Craft		Non Partisan Inc	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
204 Barbee Blvd OKE NC 28465		Oak Island town Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
9196122622	Crafty7777@Aol.com	2021	Oak Island
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
William M Craft			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
204 Barbee Blvd OKE NC 28465		RECEIVED JUN 14 2021	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9196122622	Crafty7777@Aol.com	BRUNSWICK COUNTY	BOARD OF ELECTIONS
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	
		BB+T	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
Oak Island Dr Oak Island NC 28465		BCI	
c. Phone Number	d. Email Address	c. Type	
		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><u>William M Craft</u> Printed Name of Treasurer</p>		<p><u>Wm Craft</u> Signature of Appointed Treasurer</p>	<p><u>6-10-21</u> 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><u>Wm Craft</u> Printed Name of Candidate</p>		<p><u>Wm Craft</u> Signature of Candidate</p>	<p><u>6-10-21</u> Date</p>