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
Bob Smith for Commissioner	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
3857 Winding Vine Way Southport, NC 28461	7/7/2021
c. Committee Website (Optional)	**f. Phone Number**
	910-368-7694

2. Candidate Information

a. Full Name		e. Party Affiliation	
Bob Smith		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
3857 Winding Vine Way Southport, NC 28461		Commissioner	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
910-368-7694	bob@tbsrrs.com	2021	Southeast Sanitary District
☒ Email copy of report notices			

3. Treasurer Information

a. Full Name	
Bob Smith	
b. Mailing Address (include City, State, and Zip Code)	
3857 Winding Vine Way Southport, NC 28461	
c. Phone Number	**d. Email Address**
910-368-7694	bob@tbsrrs.com
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**
☐ Email copy of report notices	

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

a. Financial Institution Full Name	
Self Funded	
b. Account Code	**c. Type**
	Self Funded

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BRUNSWICK COUNTY
BOARD OF ELECTIONS

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.

Robert R Smith — Printed Name of Treasurer
[signature] — Signature of Appointed Treasurer
7/7/21 — 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.

Robert R Smith — Printed Name of Candidate
[signature] — Signature of Candidate
7/7/21 — Date