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JUL 12 2021

BRUNSWICK COUNTY BOARD OF ELECTIONS

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 [illegible] election year.

1. Committee Information	
a. Name of Committee	d. ID Number
Charlie Nern for Council	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
647 Oyster Bay Drive Sunset Beach, NC 28468	7/6/2021
c. Committee Website (Optional)	f. Phone Number
	910-393-7349

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Charlie Nern		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
647 Oyster Bay Drive Sunset Beach, NC 28468		Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-393-7349	nern@atmc.net	2021	Sunset Beach
☒ Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Louis DeVita			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
223 CROOKED GULLEY CIRCLE SUNSET BEACH NC 28468			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-269-6146	deesatplay@atmc.net		
Send report notices by email ☒ Yes ☐ No		☐ 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	
		United Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		4024	Checking
☐ Email copy of report notices			

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.

Louis R DeVita	[signature]	7/7/2021
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.

Charlie Nern	[signature]	7-6-2021
Printed Name of Candidate	Signature of Candidate	Date