

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	
Committee To Elect David DeLong			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3020 Baycrest Drive, Saint James NC 28461		07/02/2021	
c. Committee Website (Optional)		f. Phone Number	
		(910) 777-3867	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
David Martin DeLong		NONPARTISAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3020 Baycrest Drive, Saint James NC 28461		Town Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(910) 777-3867	delongdm55@atmc.net	2021	Saint James
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
David Martin DeLong			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
3020 Baycrest Drive, Saint James NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(910) 777-3867	delongdm55@atmc.net		
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	
David Martin DeLong		BB&T	
b. Mailing Address (include City, State, and Zip Code)			
3020 Baycrest Drive, Saint James NC 28461			
c. Phone Number	d. Email Address	b. Account Code	c. Bank
(910) 777-3867	delongdm55@atmc.net	DMD11	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>David M. DeLong _____ Signature of Appointed Treasurer _____ Date 070221</p> <p>Printed Name of Treasurer</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>David M. DeLong _____ Signature of Candidate _____ Date 070221</p> <p>Printed Name of Candidate</p>			