

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	
Committee to Elect David Mammy			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
911 Palmetto Road Southport, NC 28461		7/16/2021	
c. Committee Website (Optional)		f. Phone Number	
		910-448-1719	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
William McDavid Mammy		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
911 Palmetto Road Southport, NC 28461		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-448-1719	ncprayerline@hotmail.com	2021	BSL
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
William McDavid Mammy			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
911 Palmetto Road Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-448-1719	ncprayerline@hotmail.com		
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	
		x First Bank	
b. Mailing Address (include City, State, and Zip Code)			
RECEIVED JUL 23 2021			
c. Phone Number	d. Email Address	b. Account Code	c. Type
	BRUNSWICK COUNTY BOARD OF ELECTIONS		x Checking
<input type="checkbox"/> 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.			
x William Mammy Printed Name of Treasurer		x Signature of Appointed Treasurer	
		x 7/20/2021 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.			
x William Mammy Printed Name of Candidate		x Signature of Candidate	
		x 7/20/2021 Date	