

# 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
Dewey Smith for Alderman	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
52 Wilson Street Bolivia, NC 28422	7/14/2021
c. Committee Website (Optional)	f. Phone Number
	910-253-6912

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Dewey Smith		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
52 Wilson Street Bolivia, NC 28422		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-253-6912		2021	Boliva
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Dewey Smith			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
52 Wilson Street Bolivia, NC 28422			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-253-6912			
Send report notices by email <input type="checkbox"/> Yes <input checked="" 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	
		Self Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
			Self Funded
<input type="checkbox"/> Email copy of report notices			

**RECEIVED**  
**JUL 14 2021**  
 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.

DEWEY SMITH  
 Printed Name of Treasurer

Dewey C Smith  
 Signature of Appointed Treasurer

7-14-21  
 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.

DEWEY SMITH  
 Printed Name of Candidate

Dewey C Smith  
 Signature of Candidate

7-14-21  
 Date