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
Emily Hill for Village Council	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
PO Box 3257 Bald Head Island, NC 28461	7/8/2021
c. Committee Website (Optional)	**f. Phone Number**
	910-547-1517

2. Candidate Information

a. Full Name		c. Party Affiliation	
Emily Hill		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
PO Box 3257 Bald Head Island, NC 28461		Council Member	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
910-547-1517	emily@codingandcompliance.com	2021	BHI
☒ Email copy of report notices			

3. Treasurer Information

a. Full Name	
Emily Hill	
b. Mailing Address (include City, State, and Zip Code)	
PO Box 3257 Bald Head Island, NC 28461	
c. Phone Number	**d. Email Address**
910-547-1517	emily@codingandcompliance.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.

Emily Hill — Printed Name of Treasurer
Signature of Appointed Treasurer
7/8/21 — 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.

Emily Hill — Printed Name of Candidate
Signature of Candidate
7/8/21 — Date