

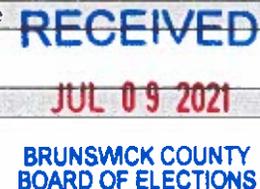
Statement of Organization – Candidate Committee

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 James E. Bellamy			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 1727 Shallotte, NC 28459		7/9/2021	
c. Committee Website (Optional)		f. Phone Number	
		910-279-0390	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
James E. Bellamy		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 1727 Shallotte, NC 28459		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-279-0390	jimmy.coastal@atmc.net	2021	Shallotte
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
James E. Bellamy			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 1727 Shallotte, NC 28459			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-279-0390	jimmy.coastal@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	
		Self Funded	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
		Self Funded	
<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.

 Printed Name of Treasurer	 Signature of Appointed Treasurer	7-9-21 Date
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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.

 Printed Name of Candidate	 Signature of Candidate	7-9-21 Date
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