

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 Jim Board			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3803 Worthington Place Southport, NC 28461		7/13/2021	
c. Committee Website (Optional)		f. Phone Number	
		717-659-1743	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
James G. Board		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3803 Worthington Place Southport, NC 28461		Council Member	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
717-659-1743	jim.board@icloud.com	2021	St. James
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
James G. Board			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3803 Worthington Place Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
717-659-1743	jim board@icloud.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	
		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 13 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.

James G. Board
 Printed Name of Treasurer

[Signature]
 Signature of Appointed Treasurer

7/13/2021
 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.

James G. Board
 Printed Name of Candidate

[Signature]
 Signature of Candidate

7/13/2021
 Date