

# Statement of Organization – Candidate Committee

Is this statement:  
 New     Amended

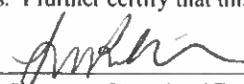
Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

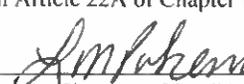
1. Committee Information			
a. Name of Committee		d. ID Number	
Committee to Elect Linda Pukenas			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
119 N Lord Street Southport, NC 28461		7/15/2021	
c. Committee Website (Optional)		f. Phone Number	
		919-455-7745	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Linda Pukenas		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
119 N Lord Street Southport, NC 28461		Trustee	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-455-7745	pukenas@msn.com	2021	Dosher
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Linda Pukenas			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
119 N Lord Street Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-455-7745	pukenas@msn.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)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
		Self Funded	
<input type="checkbox"/> Email copy of report notices			

**RECEIVED**  
**JUL 15 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.

<u>Linda Pukenas</u> Printed Name of Treasurer	 Signature of Appointed Treasurer	<u>7-15-21</u> 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.

<u>Linda Pukenas</u> Printed Name of Candidate	 Signature of Candidate	<u>7-15-21</u> Date
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