

# 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 Mike Hargreaves			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
612 Deacon Ct Sunset Beach, NC 28468		7/9/2021	
c. Committee Website (Optional)		f. Phone Number	
		315-939-2277	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Michael Hargreaves		nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
612 Deacon Ct Sunset Beach, NC 28468		Councilman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
315-939-2277	electmikehargreaves@gmail.com	2021	Sunset Beach
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Louis R. DeVita			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
223 CROOKED GULLY CIRCHIE SUNSET BEACH NC 28468			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 579 2780	DEVITAPLAY@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	
		Sunset State Bank United Bank	
b. Mailing Address (include City, State, and Zip Code)			
		RECEIVED JUL 1 2 2021	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		mjph	BRUNSWICK COUNTY BOARD OF ELECTIONS
<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.

Louis R. DeVita  
 Printed Name of Treasurer

[Signature]  
 Signature of Appointed Treasurer

7/12/21  
 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.

Michael J. Hargreaves  
 Printed Name of Candidate

[Signature]  
 Signature of Candidate

7/12/21  
 Date