

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 Minnie Brown			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
901 Church Street Leland, NC 28451		8/12/2021	
c. Committee Website (Optional)		f. Phone Number	
		910-617-8430	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Minnie Brown		nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
901 Church Street Leland, NC 28451		Commissioner District 1	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-617-8430	minniebrown901@yahoo.com	2021	Navassa
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Minnie Brown			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
901 Church Street Leland, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-617-8430	minniebrown901@yahoo.com		
Send report notices by email <input 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
<input type="checkbox"/> Email copy of report notices			

RECEIVED
AUG 12 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.

Minnie Brown
 Printed Name of Treasurer

Minnie Brown
 Signature of Appointed Treasurer

8/12/21
 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.

Minnie Brown
 Printed Name of Candidate

Minnie Brown
 Signature of Candidate

8/12/21
 Date