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
Rich Alt for Alderman 2021 Committee	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
6165 Cottage Creek Rd, Southport, NC 28461	7-26-21
c. Committee Website (Optional)	**f. Phone Number**
	7035077448

2. Candidate Information

a. Full Name	e. Party Affiliation
Richard Alt	nonpartisan
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
6165 Cottage Creek Rd Southport, NC 28461	Alderman Ward 2

c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
7035077448	richalt for alderman@gmail.com	2021	City of Southport

☑ Email copy of report notices

3. Treasurer Information

a. Full Name	
Richard Alt	
b. Mailing Address (include City, State, and Zip Code)	
6165 Cottage Creek Rd. Southport NC 28461	
c. Phone Number	**d. Email Address**
703-507-7448	richalt for alderman@gmail.com

Send report notices by email ☑ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	**d. Email Address**

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5. Custodian of Books Information (Keeper of Records)

a. Full Name	
Deborah Alt	
b. Mailing Address (include City, State, and Zip Code)	
6165 Cottage Creek Rd Southport, NC 28461	
c. Phone Number	**d. Email Address**
7033148986	debann.alt@gmail.com

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6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
United Bank	
b. Account Code	**c. Type**
RBA21	Checking

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JUL 26 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.

Richard Alt	R.B. Alt	07-26-21
Printed Name of Treasurer	Signature of Appointed Treasurer	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.

Richard Alt	R. B. Alt	07-26-21
Printed Name of Candidate	Signature of Candidate	Date