

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.

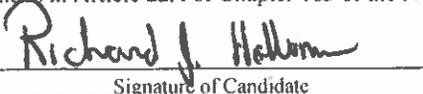
1. Committee Information			
a. Name of Committee		d. ID Number	
Committee to Elect Holloman			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3020 Cobden Ct Leland, NC 28451		7/15/2021	
c. Committee Website (Optional)		f. Phone Number	
		910-352-1658	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Richard James Holloman		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3020 Cobden Ct Leland, NC 28451		Council Member	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-352-1658	richardholl@gmail.com	2021	Leland
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Janet Fear			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1330 Cross Water Circle Leland, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
661-607-5253	fearknot10@gmail.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	
SAME AS ABOVE		First Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		RJH	Checking
<input type="checkbox"/> Email copy of report notices			

RECEIVED
AUG 10 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>Janet Fear</u> Printed Name of Treasurer	 Signature of Appointed Treasurer	<u>7/20/21</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>Richard Holloman</u> Printed Name of Candidate	 Signature of Candidate	<u>7/15/21</u> Date
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