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
Scott Gardner for Village Council	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
PO Box 3013 Bald Head Island, NC 28461	7/6/2021
c. Committee Website (Optional)	**f. Phone Number**
	919-272-5397

2. Candidate Information

a. Full Name		e. Party Affiliation	
Scott Gardner		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
PO Box 3013 Bald Head Island, NC 28461		Village Council	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
919-272-5397	stgardner55@gmail.com	2021	BHI
☒ Email copy of report notices			

3. Treasurer Information

a. Full Name	
Scott Gardner	
b. Mailing Address (include City, State, and Zip Code)	
PO Box 3013 Bald Head Island, NC 28461	
c. Phone Number	**d. Email Address**
919-272-5397	STGARDNER55@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**
☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

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

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

a. Financial Institution Full Name	
Self Funded	
b. Account Code	**c. Type**
	Self Funded

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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.

SCOTT GARDNER		7/6/21
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.

SCOTT GARDNER		7/6/21
Printed Name of Candidate	Signature of Candidate	Date