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
Sheila Grady for Council Member	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
3870 Andrew Jackson Highway NE Leland, NC 28451	7/15/2021
c. Committee Website (Optional)	**f. Phone Number**
	910-655-9039

2. Candidate Information

a. Full Name		e. Party Affiliation	
Sheila Grady		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
3870 Andrew Jackson Highway NE Leland, NC 28451		Council Member	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
910-655-9039	sdgras@bellsouth.net	2021	Northwest
☒ Email copy of report notices			

3. Treasurer Information

a. Full Name	
Sheila Grady	
b. Mailing Address (include City, State, and Zip Code)	
3870 Andrew Jackson Highway NE Leland, NC 28451	
c. Phone Number	**d. Email Address**
910-655-9039	sdgras@bellsouth.net
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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JUL 15 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.

Sheila Grady — Printed Name of Treasurer
Sheila Grady — Signature of Appointed Treasurer
07/15/2021 — 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.

Sheila Grady — Printed Name of Candidate
Sheila Grady — Signature of Candidate
07/15/2021 — Date