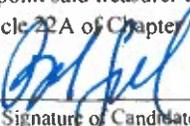


# Statement of Organization – Candidate Committee

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 BOB CIULLO			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO BOX 986 OAK ISLAND, NC 28465		07/10/2023	
c. Committee Website (Optional)		f. Phone Number	
BOBCIULLOFOROAKISLAND.COM		703-431-1781	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
ROBERT EVERETT CIULLO		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO BOX 986 OAK ISLAND, NC 28465		COUNCILMAN	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
703-431-1781	RECIULLO1@GMAIL.COM	2023	TOWN OF OAK ISLAND
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
LESLIE KASH			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
404 E YACHT DR OAK ISLAND, NC 28465			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
540-454-2547	LESLIEKASH@GMAIL.COM		
Send report notices by email <input checked="" 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	
		TRUIST	
b. Mailing Address (include City, State, and Zip Code)			
RECEIVED JUL 13 2023			
c. Phone Number	b. Account Code	c. Type	
BRUNSWICK COUNTY BOARD OF ELECTIONS	OKI	CHECKING	
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p> <span style="float: left;">LESLIE KASH Printed Name of Treasurer</span> <span style="float: right; text-align: center;">                       Signature of Appointed Treasurer                 </span> <span style="float: right; text-align: right;">7/13/2023 Date</span> </p> <p>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.</p> <p> <span style="float: left;">ROBERT E CIULLO Printed Name of Candidate</span> <span style="float: right; text-align: center;">                       Signature of Candidate                 </span> <span style="float: right; text-align: right;">7/13/2023 Date</span> </p>			