

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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 Bonnie L. Bray			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
515 Quarter Master Dr, Southport, NC 28461		7/10/23	
c. Committee Website (Optional)		f. Phone Number	
https://aldermanbray.com		301.741.6698	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Bonita Lee Bray		Non partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
515 Quarter Master Dr Southport, NC 28461		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
301.741.6698	bonniebray2023@gmail.com	2023	Southport
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Bonita L. Bray			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
515 Quarter Master Dr Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	
301.741.6698	blbray@mac.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	
Bonita L. Bray		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)			
515 Quarter Master Dr Southport, NC 28461			
c. Phone Number	d. Email Address	b. Account Code	c. Type
301.741.6698	blbray@mac.com	1	Checking
<input checked="" 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> Bonita L. Bray 8.15.23 </p> <p> Printed Name of Treasurer Signature of Appointed Treasurer Date </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> Printed Name of Candidate Signature of Candidate Date </p>			

