

# 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	
Brenda Bozeman Leland Mayor			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1001 Plum Leaf Ct Leland, NC 28451		7/6/15	
c. Committee Website (Optional)		f. Phone Number	
		910-231-6892	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Brenda M. Bozeman		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1001 Plum Leaf Ct Leland, NC 28451		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-231-6892	realbmb@aol.com	2023	Leland
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Brenda M. Bozeman			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1001 Plum Leaf Ct Leland, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-231-6892	realbmb@aol.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	
		Woodforest Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		Pooh	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> <u>Brenda Bozeman</u>                      <u>Brenda Bozeman</u>                      9/27/2023                      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> <u>Brenda Bozeman</u>                      <u>Brenda Bozeman</u>                      9/27/2023                      Printed Name of Candidate                      Signature of Candidate                      Date                 </p>			