

Statement of Organization - Candidate Committee

Is this statement:
<input checked="" type="checkbox"/> New <input 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 Brian M. Chism Sheriff			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
5440 RL Lewis Ln Bolivia, NC 28422		5/4/23	
c. Committee Website (Optional)		f. Phone Number	
		910-880-4883	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Brian Michael Chism		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
5440 RL Lewis Ln Bolivia, NC 28422		Sheriff	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-880-4883	K9bchism@gmail.com	2026	Brunswick
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
EMILY B. FLAX			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
4037 WATERCRAFT Ferry Ave #322 WILMINGTON, NC 28412			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9105208484	emilyflax@yahoo.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	
RECEIVED MAY 04 2023		Trust	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
	BRUNSWICK CO. NC BOARD OF ELECTIONS	Maggie	Checking
<input type="checkbox"/> Email copy of report notices			
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.			
EMILY B. FLAX Printed Name of Treasurer		Emily B. Flax Signature of Appointed Treasurer	
		5/4/23 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.			
Brian Chism Printed Name of Candidate		[Signature] Signature of Candidate	
		5/4/23 Date	