

# 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	
CHUCK BOST FOR COMMISSIONER			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
10168 PINE BARK PL LELAND, NC 28451		07/10/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-352-8580	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
CHARLES THOMAS BOST		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
10168 PINE BARK PL LELAND, NC 28451		COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-352-8580	CTBOST@GMAIL.COM	2023	TOWN OF BELVILLE
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
CHARLES THOMAS BOST			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
10168 PINE BARK PL LELAND, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-352-8580	CTBOST@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	
		SELF FUNDED	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	b. Account Code	
		10168 PINE BARK PL LELAND, NC 28451	
<input type="checkbox"/> Email copy of report notices			

**RECEIVED**  
**JUL 10 2023**  
 WILMINGTON 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.

CHARLES T. BOST  
 Printed Name of Treasurer

[Signature]  
 Signature of Appointed Treasurer

10 Jul 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.

CHARLES T. BOST  
 Printed Name of Candidate

[Signature]  
 Signature of Candidate

10 Jul 23  
 Date