

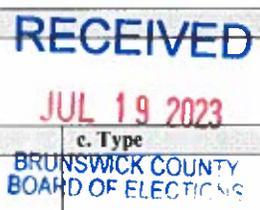
Statement of Organization – Candidate Committee

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.

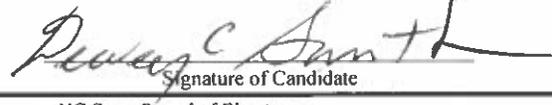
1. Committee Information			
a. Name of Committee		d. ID Number	
Dewey Smith for Alderman		HDF3MS	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
52 Wilson Street Bolivia, NC 28422		7/19/2023	
c. Committee Website (Optional)		f. Phone Number	
		9102536912	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Dewey Clifton Smith		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
52 Wilson Street Bolivia, NC 28422		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
9102536912	danddsmithmith@gmail.com	2023	Bolivia
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Dewey Clifton Smith			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
52 Wilson Street Bolivia, NC 28422			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9102536912	danddsmithmith@gmail.com		
Send report notices by email <input type="checkbox"/> Yes <input checked="" 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	c. Type	
		BRUNSWICK COUNTY BOARD OF ELECTIONS	
<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.

<u>DEWEY SMITH</u> Printed Name of Treasurer	 Signature of Appointed Treasurer	<u>7-19-23</u> Date
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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.

<u>DEWEY SMITH</u> Printed Name of Candidate	 Signature of Candidate	<u>7-19-23</u> Date
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