

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
Committee to Elect McClard	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
5 Field Planters Cir Carolina Shores, NC 28468	7/10/2023
c. Committee Website (Optional)	f. Phone Number
	603-493-6984

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Harry McClard		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
5 Field Planters Cir Carolina Shores, NC 28468		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
603-493-6984	harry@hmclard.com	2023	Carolina Shores
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Harry McClard			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
5 Field Planters Cir Carolina Shores, NC 28468			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
603-493-6984	harry@hmclard.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	c. Type	
		BRUNSWICK COUNTY BOARD OF ELECTIONS	
<input type="checkbox"/> Email copy of report notices			

RECEIVED
JUL 10 2023

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.

Harry McClard
Printed Name of Treasurer

Harry McClard
Signature of Appointed Treasurer

7/10/23
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.

Harry McClard
Printed Name of Candidate

Harry McClard
Signature of Candidate

7/10/23
Date