

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 JOANNE LEVITAN			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2106 TALMAGE DR LELAND, NC 28451		6/23/23	
c. Committee Website (Optional)		f. Phone Number	
JOANNELEVITANFORNC.COM		914 907 3255	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
JOANNE LEVITAN		NON PARTISAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2106 TALMAGE DR LELAND, NC 28451		COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
914 907 3255	SOLEV125@GMAIL.COM	2023	H2G0
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
FRANK COLE			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2517 Empire Dr Leland NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
7033472771	frankcole50@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	
RECEIVED		TRUIST	
b. Mailing Address (include City, State, and Zip Code)			
JUN 23 2023			
c. Phone Number	d. Email Address	b. Account Code	c. Type
	BRUNSWICK COUNTY BOARD OF ELECTIONS	1	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>			
FRANK COLE		[Signature]	6/23/23
Printed Name of Treasurer		Signature of Appointed Treasurer	Date
<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>			
JOANNE LEVITAN		[Signature]	6/23/23
Printed Name of Candidate		Signature of Candidate	Date