

# Statement of Organization – Candidate Committee

Is this statement:  
 New       Amended

Use this form to create a new or update an existing candidate committee.

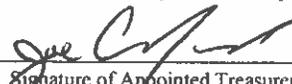
This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Joe Cranford for Belville Commissioner			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
520 Southampton Pl Leland, NC 28451		7/11/2023	
c. Committee Website (Optional)		f. Phone Number	
		336-455-2619	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Joe Cranford		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
520 Southampton Pl Leland, NC 28451		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-455-2619	joedcranford333@aol.com	2023	Belville
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Joe Cranford			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
520 Southampton Pl Leland, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-455-2619	joedcranford333@aol.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)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

**RECEIVED**  
**JUL 11 2023**  
 BRUNSWICK 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.

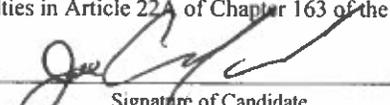
Joe Cranford  
 Printed Name of Treasurer

  
 Signature of Appointed Treasurer

7/11/23  
 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.

JOE CRANFORD  
 Printed Name of Candidate

  
 Signature of Candidate

7/11/23  
 Date