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 Re-elect Joe Pat Hatem Mayor	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
610 A W Brown St Southport, NC 28461	7/7/2023
c. Committee Website (Optional)	**f. Phone Number**
	910-367-8839

2. Candidate Information

a. Full Name		e. Party Affiliation	
Joe Pat Hatem		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
610 A W Brown St Southport, NC 28461		Mayor	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
910-367-8839	info@joepathatem.com	2023	Southport
☐ Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		**a. Full Name**	
Susan Delaney			
b. Mailing Address (include City, State, and Zip Code)		**b. Mailing Address (include City, State, and Zip Code)**	
304 W West St Southport, NC 28461			
c. Phone Number	**d. Email Address**	**c. Phone Number**	**d. Email Address**
678-523-7003	susandelaney54@gmail.com		
Send report notices by email ☒ Yes ☐ No		☐ 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**	
		First National	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	**d. Email Address**	**b. Account Code**	**c. Type**
		JPH23	Checking
☐ Email copy of report notices			

RECEIVED
JUL 13 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.

Printed Name of Treasurer	Signature of Appointed Treasurer	Date
Susan Delaney	Susan DeLaney	7-7-2023

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.

Printed Name of Candidate	Signature of Candidate	Date
JOE PAT HATEM	Joe Pat Hatem	7-7-2023