

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 JOHN ALLEN	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
752 INDIGO VILLAGE CT SOUTHPORT, NC 28461	07/11/2023
c. Committee Website (Optional)	f. Phone Number
	336-707-8086

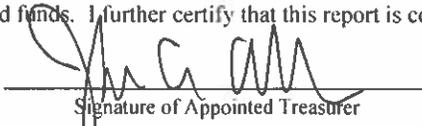
2. Candidate Information			
a. Full Name		e. Party Affiliation	
JOHN LINDSAY ALLEN		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
752 INDIGO VILLAGE CT SOUTHPORT, NC 28461		ALDERMAN WARD 02	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-707-8086	CAROLINADAWG@GMAIL.COM	2023	CITY OF SOUTHPORT
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
JOHN LINDSAY ALLEN			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
752 INDIGO VILLAGE CT SOUTHPORT, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-707-8086	CAROLINADAWG@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	
		SELF FUNDED	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
			JUL 11 2023
<input type="checkbox"/> Email copy of report notices		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.

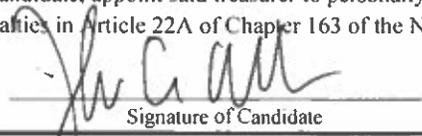
JOHN ALLEN
 Printed Name of Treasurer


 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.

JOHN ALLEN
 Printed Name of Candidate


 Signature of Candidate

7/11/23
 Date