

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" 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 SHERIFF JOHN W. INGRAM, V		COU-000000-C-001	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3093 VALDERAMA WAY		9/17/2008	
c. Committee Website (Optional)		f. Phone Number	
		9107555036	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
John W Ingram, V.		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3093 Valderama Way ^{Bolivia} NC		Sheriff	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
9107555036	sheriffingram@gmail.com	2024	Brunswick County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
EMILY B. FLAX			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
4037 WATERCRAFT FERRY AVE, APT 322 WILMINGTON, NC 28412			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9105208484	emilybflax@gmail.com		
<input checked="" type="checkbox"/> 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	
		Truist	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		0	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> <p>EMILY B FLAX _____ <i>Emily B. Flax</i> _____ 2/9/23 Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <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> <p>JOHN W. INGRAM, V _____ <i>[Signature]</i> _____ 2/9/23 Printed Name of Candidate Signature of Candidate Date</p>			

RECEIVED
 FEB 09 2023
 BRUNSWICK COUNTY BOARD OF ELECTIONS