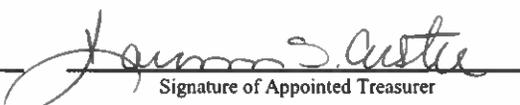
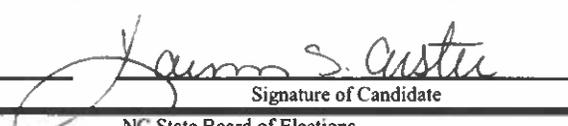


# Statement of Organization - Candidate Committee

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 Karmen Custer			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
319 Wildwood Street Shallotte, NC 28470		7/7/2023	
c. Committee Website (Optional)		f. Phone Number	
N/A		910-263-0201	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Karmen Custer		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
319 Wildwood Street Shallotte, NC 28470		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
9102630201	karmencuster@gmail.com	2023	Shallotte
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Karmen Custer		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
319 Wildwood Street Shallotte, NC 28470		N/A	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-263-0201	karmencuster@gmail.com	N/A	N/A
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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
		2114	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>Karmen Custer  7-13-2023                  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>Karmen Custer  7-13-2023                  Printed Name of Candidate Signature of Candidate Date</p>			

RECEIVED  
 JUL 14 2023  
 BRUNSWICK COUNTY  
 BOARD OF ELECTIONS