

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 Kristie Coble | |
| b. Mailing Address (include City, State and Zip Code) | e. Date Organized |
| 67 Varnamtown Rd Supply, NC 28462 | 7/21/2023 |
| c. Committee Website (Optional) | f. Phone Number |
| | 336-823-2221 |

| 2. Candidate Information | | | |
|--|-------------------------|-----------------------|-----------------|
| a. Full Name | | c. Party Affiliation | |
| Kristie Coble | | Nonpartisan | |
| b. Mailing Address (include City, State, and Zip Code) | | f. Office Sought | |
| 67 Varnamtown Rd Supply, NC 28462 | | Alderman | |
| e. Phone Number | d. Email Address | g. Next Election Year | h. Jurisdiction |
| 336-823-2221 | kristiefcoble@gmail.com | 2023 | Varnamtown |
| <input type="checkbox"/> Email copy of report notices | | | |

| 3. Treasurer Information | | 4. Assistant Treasurer Information | |
|--|-------------------------|--|------------------|
| a. Full Name | | a. Full Name | |
| Kristie Coble | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 67 Varnamtown Rd Supply, NC 28462 | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 336-823-2221 | kristiefcoble@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. Campaign Fund 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 21 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

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.

Kristie Coble
 Printed Name of Candidate

Kristie Coble
 Signature of Candidate

7/21/23
 Date