

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 Larry Harrelson	2DF4SS
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
65 Fairway Drive Shallotte, NC 28470	7/20/2023
c. Committee Website (Optional)	f. Phone Number
	910-443-7849

2. Candidate Information			
a. Full Name		e. Party Affiliation	
James L. Harrelson		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
65 Fairway Drive Shallotte, NC 28470		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-443-7849	profgrmg@atmc.net	2023	Shallotte
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
James L. Harrelson			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
65 Fairway Drive Shallotte, NC 28470			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-443-7849	profgrmg@atmc.net		

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)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
<input type="checkbox"/> Email copy of report notices			

RECEIVED
 JUL 20 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.

James L Harrelson
 Printed Name of Treasurer

James L Harrelson
 Signature of Appointed Treasurer

7/20/23
 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.

James L Harrelson
 Printed Name of Candidate

James L Harrelson
 Signature of Candidate

7/20/23
 Date