

# 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 MELISSA ALFORD					
b. Mailing Address (include City, State and Zip Code)				e. Date Organized	
126 CASWELL BEACH RD CASWELL BEACH, NC 28465				07/13/2023	
c. Committee Website (Optional)				f. Phone Number	
				704-619-4083	
2. Candidate Information					
a. Full Name			e. Party Affiliation		
MELISSA I ALFORD			Nonpartisan		
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought		
126 CASWELL BEACH RD CASWELL BEACH, NC 28465			COMMISSIONER		
c. Phone Number		d. Email Address		g. Next Election Year	h. Jurisdiction
704-619-4083		MELISSAALFORD.CASWELLBEACH@GMAIL.COM		2023	TOWN OF CASWELL BEACH
<input checked="" type="checkbox"/> Email copy of report notices					
3. Treasurer Information			4. Assistant Treasurer Information		
a. Full Name			a. Full Name		
MELISSA I ALFORD					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
126 CASWELL BEACH RD CASWELL BEACH, NC 28465					
c. Phone Number		d. Email Address		c. Phone Number	d. Email Address
704-619-4083		MELISSAALFORD.CASWELLBEACH@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)					
			<b>RECEIVED</b>		
c. Phone Number		d. Email Address		b. Account Code	c. Date
					JUL 13 2023
<b>BRUNSWICK COUNTY BOARD OF ELECTIONS</b>					
<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>MELISSA ALFORD                  _____                  Printed Name of Treasurer</p>		<p><i>Melissa Alford</i>                  _____                  Signature of Appointed Treasurer</p>		<p><i>7/13/2023</i>                  _____                  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>MELISSA ALFORD                  _____                  Printed Name of Candidate</p>		<p><i>Melissa Alford</i>                  _____                  Signature of Candidate</p>		<p><i>7/13/2023</i>                  _____                  Date</p>	