

# 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			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
33 CORBETT ST BOLIVIA, NC 28422		07/10/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-619-2965	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
MELISSA KAY WALTERS		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
33 CORBETT ST BOLIVIA, NC 28422		ALDERMAN	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-619-2965	MELISSAKCLEMMONS@YAHOO.COM	2023	TOWN OF BOLIVIA
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
MELISSA KAY WALTERS			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
33 CORBETT ST BOLIVIA, NC 28422			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-619-2965	MELISSAKCLEMMONS@YAHOO.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 FUND	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
		BRUNSWICK CO. BOARD OF ELECTIONS	
<input type="checkbox"/> Email copy of report notices			

RECEIVED

JUL 10 2023

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.

MELISSA KAY WALTERS  
 Printed Name of Treasurer

*Melissa Kay Walters*  
 Signature of Appointed Treasurer

7-10-23  
 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.

MELISSA KAY WALTERS  
 Printed Name of Candidate

*Melissa Kay Walters*  
 Signature of Candidate

7-10-23  
 Date