

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" 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
Melodie Bryant for Alderman	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
105 Bayberry Ct, Shallotte, NC 28470	7-10-23
c. Committee Website (Optional)	f. Phone Number
	910-553-6689

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Melodie Bryant		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
105 Bayberry Ct Shallotte, NC 28470		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-553-6689	melodieplans@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	
Melodie Bryant			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
105 Bayberry Ct Shallotte, NC 28470			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-553-6689	melodieplans@gmail.com		
<input type="checkbox"/> Email copy of report notices		<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	
		United Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		MSB	checking
<input type="checkbox"/> Email copy of report notices			

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.

Melodie Bryant Melodie Bryant 7-27-23
 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.

Melodie Bryant Melodie Bryant 7-27-23
 Printed Name of Candidate Signature of Candidate Date