

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 RE-ELECT MIKE ALLEN FOR MAYOR			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
728 ALBEMARLE PL LELAND, NC 28451		07/10/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-231-8095	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
ROBERT M ALLEN		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
728 ALBEMARLE PL LELAND, NC 28451		MAYOR	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-231-8095	ROBERTLLN32@GMAIL.COM	2023	TOWN OF BELVILLE
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
ROBERT M ALLEN			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
728 ALBEMARLE PL LELAND, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-231-8095	ROBERTLLN32@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. Account Code	
c. Phone Number	d. Email Address	b. Type	
		JUL 10 2023	
<input type="checkbox"/> Email copy of report notices		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.

Robert M. Allen
 Printed Name of Treasurer

Robert M. Allen
 Signature of Appointed Treasurer

7-10-2023
 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.

Robert M. Allen
 Printed Name of Candidate

Robert M. Allen
 Signature of Candidate

7-10-2023
 Date