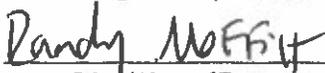
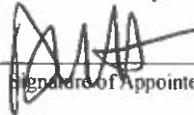
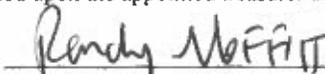


# Statement of Organization – Candidate Committee

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 Randy Moffitt		SDF28	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 518 Oak Island, NC 28465		7/19/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-294-1265	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Randy Lester Moffitt		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 518 Oak Island, NC 28465		Councilman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-294-1265	rlmof@yahoo.com	2023	Oak Island
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Randy Lester Moffitt			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 518 Oak Island, NC 28465			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-294-1265	rlmof@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	
		Truist	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1	Checking
<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>			
 Printed Name of Treasurer		 Signature of Appointed Treasurer	
		7/19/23 Date	
<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>			
 Printed Name of Candidate		 Signature of Candidate	
		7/19/23 Date	

RECEIVED

JUL 19 2023

BRUNSWICK COUNTY  
BOARD OF ELECTIONS