

Statement of Organization – Candidate Committee

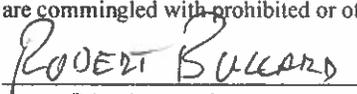
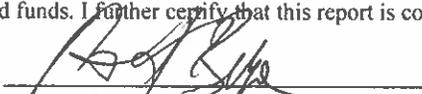
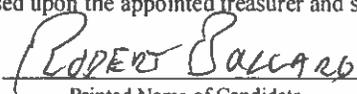
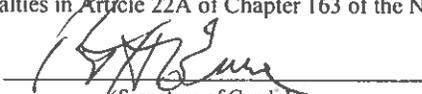
Is this statement:

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 Robert Bullard			
b. Mailing Address (Include City, State and Zip Code)		e. Date Organized	
86 E First St Ocean Isle Beach, NC 28469		7/20/2023	
c. Committee Website (Optional)		f. Phone Number	
		443-831-6221	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Robert Bullard		Nonpartisan	
b. Mailing Address (Include City, State, and Zip Code)		f. Office Sought	
86 E First St Ocean Isle Beach, NC 28469		Mayor	
g. Phone Number	h. Email Address	g. Next Election Year	h. Jurisdiction
443-831-6221	bob.bullard@att.net	2023	Ocean Isle Beach
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Robert Bullard			
b. Mailing Address (Include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
86 E First St Ocean Isle Beach, NC 28469			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
443-831-6221	bob.bullard@att.net		
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)			
		<div style="border: 1px solid black; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">JUL 20 2023</div>	
c. Phone Number	d. Email Address	b. Account Code	c. Type
			BRUNSWICK COUNTY BOARD OF ELECTIONS
<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	
		20 Jul 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	
		20 Jul 23 Date	