

# 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 Scott Thomas		LDFSRS	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
5 Palm Court Bald Head Island, NC 28461		7/21/2023	
c. Committee Website (Optional)		f. Phone Number	
		704-910-9083	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Scott Alan Thomas		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
5 Palm Court Bald Head Island, NC 28461		Councilman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-910-9083	savebhi@gmail.com	2023	Bald Head Island
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Scott Alan Thomas			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
5 Palm Court Bald Head Island, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-910-9083	savebhi@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	c. Type	
		BRUNSWICK COUNTY BOARD OF ELECTIONS	
<input type="checkbox"/> Email copy of report notices			

RECEIVED

JUL 21 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.

Scott Thomas  
 Printed Name of Treasurer

[Signature]  
 Signature of Appointed Treasurer

7/21/23  
 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.

Scott Thomas  
 Printed Name of Candidate

[Signature]  
 Signature of Candidate

7/21/23  
 Date