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 SHIRLEY BABSON	7DFRG3
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
132 MILL CREEK RD SE BOLIVIA, NC 28422	12/15/2023
c. Committee Website (Optional)	**f. Phone Number**
	910-253-6578

2. Candidate Information

a. Full Name	e. Party Affiliation
SHIRLEY C BABSON	REPUBLICAN
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
132 MILL CREEK RD SE BOLIVIA, NC 28422	BOARD OF EDUCATION

c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-253-6578	SBABSON33@GMAIL.COM	2024	Brunswick County D4

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3. Treasurer Information

a. Full Name	
MARIO JAMES LAWRENCE	
b. Mailing Address (include City, State, and Zip Code)	
1094 SOUTHPORT-SUPPLY RD BOLIVIA, NC 28422	
c. Phone Number	**d. Email Address**
910-448-0325	SHADEMJL@GMAIL.COM

Send report notices by email ☑ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	**d. Email Address**

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BRUNSWICK COUNTY
BOARD OF ELECTIONS

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
MARIO JAMES LAWRENCE	
b. Mailing Address (include City, State, and Zip Code)	
1094 SOUTHPORT-SUPPLY RD BOLIVIA, NC 28422	
c. Phone Number	**d. Email Address**
910-448-0325	SHADEMJL@GMAIL.COM

☐ Email copy of report notices

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
TRUIST	
b. Account Code	**c. Type**
132	CHECKING

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.

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.

Shirley Babson — Printed Name of Candidate
Shirley Babson — Signature of Candidate
1-12-24 — Date