

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 (Bob) Fulton	4DFZ10
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
3898 Timber Stream Drive Southport, NC 28461	3/20/2024
c. Committee Website (Optional)	f. Phone Number
	412-337-4406

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Robert Howard Fulton, III		Unaffiliated	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3898 Timber Stream Drive Southport, NC 28461		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
412-337-4406	bfulton4bcnc@gmail.com	2024	Brunswick County, District 3
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Keith Lintz			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3837 Timber Stream Drive Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
740-502-0858	keithlintz@yahoo.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		FIRST CITIZENS BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		STEELUNG1	Checking
<input type="checkbox"/> Email copy of report notices			

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.

Keith J. Lintz
Printed Name of Treasurer

Keith J. Lintz
Signature of Appointed Treasurer

03-27-2024
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 H. FULTON III
Printed Name of Candidate

Robert H. Fulton III
Signature of Candidate

03.27.2024
Date