

Statement of Organization - Candidate Committee

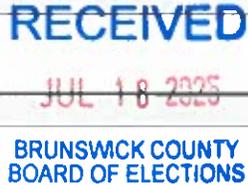
Is this statement:

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 Andrew Boyd			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
828 N Caswell Ave, Southport, NC 28461		07/18/25	
c. Committee Website (Optional)		f. Phone Number	
		910-523-8287	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Andrew Boyd		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
828 N Caswell Ave, Southport, NC 28461		Board of Trustees	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-523-8287	mbasouth5000@gmail.com	2025	Dosher Hospital
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Andrew Boyd		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
828 N Caswell Ave, Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-523-8287	mbasouth5000@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	
None		Self-Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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.

Andrew Boyd _____ 07/18/25
 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.

Andrew Boyd _____ 07/18/25
 Printed Name of Candidate Signature of Candidate Date