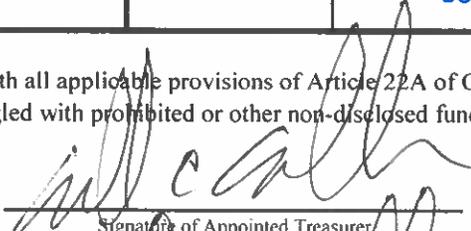
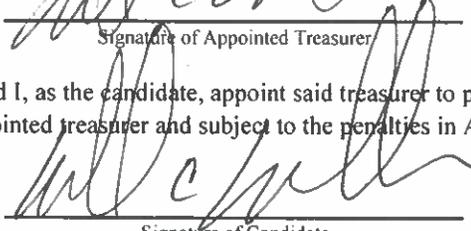


Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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 Bill Wilharm			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2031 Manor Parc Dr, Calabash, NC 28467		07/11/25	
c. Committee Website (Optional)		f. Phone Number	
		304-670-6706	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Bill Wilharm		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2031 Manor Parc Dr, Calabash, NC 28467		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
304-670-6706	wilharms@aol.com	2025	Calabash
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Bill Wilharm		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2031 Manor Parc Dr, Calabash, NC 28467			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
304-670-6706	wilharms@aol.com		
Send report notices by email <input 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)		b. Account Code	
c. Phone Number	d. Email Address	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> <p>Bill Wilharm _____ Printed Name of Treasurer</p> <p> _____ Signature of Appointed Treasurer</p> <p>7/11/25 _____ Date</p> <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> <p>Bill Wilharm _____ Printed Name of Candidate</p> <p> _____ Signature of Candidate</p> <p>7/11/25 _____ Date</p>			

RECEIVED
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 BRUNSWICK COUNTY BOARD OF ELECTIONS