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: Committee to Elect Bonnie L. Bray	d. ID Number:
b. Mailing Address (include City, State and Zip Code): 515 Quarter Master Drive, Southport, NC 28461	e. Date Organized: 7/10/2023
c. Committee Website (Optional):	f. Phone Number: 301-741-6698

2. Candidate Information

a. Full Name: Bonita L. Bray	e. Party Affiliation: Non-Partisan
b. Mailing Address (include City, State, and Zip Code): 515 Quarter Master Drive, Southport, NC 28461	f. Office Sought: Alderman
c. Phone Number: 301-741-6698 / d. Email Address: bonnielbray2023@gmail.com	g. Next Election Year: 2025 / h. Jurisdiction: Southport Ward 2
☑ Email copy of report notices	

3. Treasurer Information

a. Full Name: Bonita L. Bray	
b. Mailing Address (include City, State, and Zip Code): 515 Quarter Master Drive, Southport, NC 28461	
c. Phone Number: 301-741-6698	d. Email Address: blbray@mac.com
Send report notices by email ☑ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name: None	
b. Mailing Address (include City, State and Zip Code):	
c. Phone Number:	d. Email Address:
☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name: None	
b. Mailing Address (include City, State, and Zip Code):	
c. Phone Number:	d. Email Address:
☐ Email copy of report notices	

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

a. Financial Institution Full Name: First Citizens Bank	
b. Account Code: 1	c. Type: Checking

RECEIVED
JUL 07 2025
BRUNSWICK COUNTY BOARD OF ELECTIONS

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
Bonita L. Bray		7/7/25

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.

Printed Name of Candidate	Signature of Candidate	Date
Bonita L. Bray		7/7/25