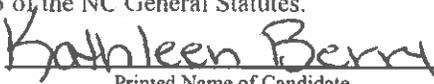
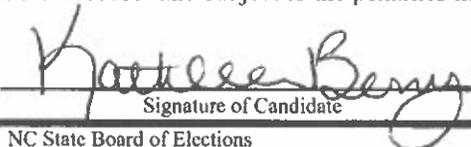


Statement of Organization - Candidate Committee

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	
KATHLEEN BERRY FOR COMMISSIONER		2DF13L	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
118 Flowering Bridge Path, Caswell Beach, NC 28465		7/7/25	
c. Committee Website (Optional)		f. Phone Number	
		978-473-9261	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
KATHLEEN M. BERRY		NONPARTISAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
118 FLOWERING BRIDGE PATH CASWELL BEACH, NC 28465		COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
978-473-9261	KMBERRY88@GMAIL.COM	2025	CASWELL BEACH
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
KATHLEEN BERRY			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
118 FLOWERING BRIDGE PATH CASWELL BEACH, NC 28465			
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
978-473-9261	KMBERRY88@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	
		Self-funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		KBCB	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>  Printed Name of Treasurer  Signature of Appointed Treasurer 7/7/25 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>  Printed Name of Candidate  Signature of Candidate 7/7/25 Date </p>			