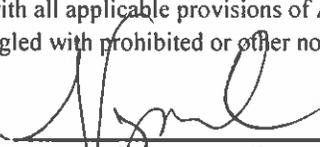
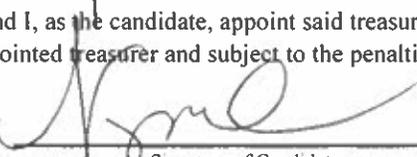


# Statement of Organization - Candidate Committee

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 Nia Moore		0DF9Q8	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
251 River Birch Ridge Ct, Belville, NC 28451		07/09/25	
c. Committee Website (Optional)		f. Phone Number	
		910-627-6709	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Nia Moore		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
251 River Birch Ridge Ct, Belville, NC 28451		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-627-6709	niamaccts@gmail.com	2025	Belville
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Nia Moore		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
251 River Birch Ridge Ct, Belville, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-627-6709	niamaccts@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		Corning Credit Union	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		NM3	Checking
<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>Nia Moore                  _____                  Printed Name of Treasurer</p> <p>                  _____                  Signature of Appointed Treasurer</p> <p>07/09/25                  _____                  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>Nia Moore                  _____                  Printed Name of Candidate</p> <p>                  _____                  Signature of Candidate</p> <p>07/09/25                  _____                  Date</p>			

**RECEIVED**  
 JUL 09 2025  
 BRUNSWICK COUNTY  
 BOARD OF ELECTIONS