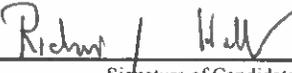


# Statement of Organization - Candidate Committee

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	
Holloman for Leland Council			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3020 Cobden Ct, Leland, NC 28451		07/16/25	
c. Committee Website (Optional)		f. Phone Number	
		910-352-1658	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Richard Holloman		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3020 Cobden Ct, Leland, NC 28451		Council Member	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-352-1658	richardholl@gmail.com	2025	Leland
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Richard Holloman		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
3020 Cobden Ct, Leland, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-352-1658	richardholl@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
			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>			
Richard Holloman			07/16/25
Printed Name of Treasurer		Signature of Appointed Treasurer	Date
<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>			
Richard Holloman			07/16/25
Printed Name of Candidate		Signature of Candidate	Date