

# Statement of Organization - Candidate Committee

<b>Is this statement:</b>	
<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	
Friends of Ted Blackburn		8DFBD7	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
6158 River Sound Cir., Southport NC 28461		July 9, 2025	
c. Committee Website (Optional)		f. Phone Number	
		305-304-6198	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Charles Blackburn		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
6158 River Sound Cir., Southport NC 28461		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
305-304-6198	tblackburn01@yahoo.com	2025	Southport Ward 1
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Ted Blackburn			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
6158 River Sound Cir., Southport NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
305-304-6198	tblackburn01@yahoo.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	
		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		6158	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>Ted Blackburn _____ July 9, 2025                  Printed Name of Treasurer Signature of Appointed Treasurer 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>Charles Blackburn _____ July 9, 2025                  Printed Name of Candidate Signature of Candidate Date</p>			

RECEIVED

JUL 09 2025

BRUNSWICK COUNTY BOARD OF ELECTIONS