

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	
Team Bristow		RECEIVED	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
6 Isle Plaza, Ocean Isle Beach, NC 28469		JUL 28 2025	
c. Committee Website (Optional)		f. Phone Number	
BRUNSWICK COUNTY BOARD OF ELECTIONS		336-209-0445	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Polly Bristow		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
6 Isle Plaza, Ocean Isle Beach, NC 28469		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-209-0445	pbrist11@aol.com	2025	Ocean Isle Beach
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Barbara Cooksey		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
8 Isle Plaza, Ocean Isle Beach, NC 28469			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-620-4388	macltd4@aol.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 TRUIST		- TRUIST	
b. Mailing Address (include City, State, and Zip Code)			
127 Causeway Dr SW OIB NC			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910-575-2593		0516	Individual
<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>Barbara Cooksey _____ <i>Barbara W Cooksey</i> _____ 7/25/2025 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>Polly Bristow _____ <i>Polly Bristow</i> _____ 7/25/25 Printed Name of Candidate Signature of Candidate Date</p>			