

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 Melissa Kay Walters			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
33 Corbett St, Bolivia, NC 28422		07/18/25	
c. Committee Website (Optional)		f. Phone Number	
		910-619-2965	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Melissa Kay Walters		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
33 Corbett St, Bolivia, NC 28422		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-619-2965	melissaklemmons@yahoo.com	2025	Bolivia
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Nancy B. Cook Melissa Kay Walters		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
33 Corbett St. Bolivia, NC 28422			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-619-2965	melissaklemmons@yahoo.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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)		b. Account Code	
c. Phone Number	d. Email Address	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> <p> <u>melissa kay walters</u> Nancy B. Cook Printed Name of Treasurer <u>Melissa Kay Walters</u> Signature of Appointed Treasurer <u>8-1-25</u> 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> <u>Melissa Kay Walters</u> Printed Name of Candidate <u>Melissa Kay Walters</u> Signature of Candidate <u>8-1-25</u> Date </p>			