

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 Jim Memory			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
257B Arnette Dr, Ocean Isle Beach, NC 28469		07/17/25	
c. Committee Website (Optional)		f. Phone Number	
		336-331-2342	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Jim Memory		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
257B Arnette Dr, Ocean Isle Beach, NC 28469		Council Member	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-331-2342		2025	Sunset Beach
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jim Memory		Diane Memory	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
257B Arnette Dr, Ocean Isle Beach, NC 28469		257B Arnette Dr, Ocean Isle Beach, NC 28469	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-331-2342	jimmemory326@gmail.com	336-391-7578	
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		RECEIVED	
b. Mailing Address (include City, State, and Zip Code)		JUL 28 2019	
		BRUNSWICK COUNTY BOARD OF ELECTIONS	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		090520	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>			
Jim Memory _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	
		07/17/25 _____ 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>			
Jim Memory _____ Printed Name of Candidate		 _____ Signature of Candidate	
		07/17/25 _____ Date	