

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" 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 Team Bristow	d. ID Number
b. Mailing Address (include City, State and Zip Code) 6 Isle Plaza, Ocean Isle Beach, NC 28469	e. Date Organized 7/18/2025
c. Committee Website (Optional)	f. Phone Number 336-209-0445

2. Candidate Information			
a. Full Name Polly Nelson Bristow		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) 6 Isle Plaza, Ocean Isle Beach, NC 28469		f. Office Sought OIB Town Commissioner	
c. Phone Number 336-209-0445	d. Email Address pbrist11@aol.com	g. Next Election Year 2025	h. Jurisdiction Ocean Isle Beach
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Barbara Cooksey		a. Full Name None	
b. Mailing Address (include City, State, and Zip Code) 8 Isle Plaza, Ocean Isle Beach, NC 28469		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 910-620-4388	d. Email Address macltd4@aol.com	c. Phone Number	d. Email Address
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 none		a. Financial Institution Full Name Truist Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code 0516	c. Type Checking
<input type="checkbox"/> Email copy of report notices			

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.

Barbara Cooksey Barbara W Cooksey 8/5/2025
 Printed Name of Treasurer Signature of Appointed Treasurer Date

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.

Polly Nelson Bristow Polly Nelson Bristow 8/5/2025
 Printed Name of Candidate Signature of Candidate Date