

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		d. ID Number	
Chuck Bost for Belville Mayor			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
10168 Pine Bark Pl, Belville, NC 28451		07/31/2025	
c. Committee Website (Optional)		f. Phone Number	
BRUNSWICK COUNTY BOARD OF ELECTIONS		910-690-7200	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Charles "Chuck" Bost		Non-partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
10168 Pine Bark Pl, Belville, NC 28451		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-960-7220		2025	Belville
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Sara Babson Merrill		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
670 Pine Branches Circle, SE Belville, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(910) 619-7034	SMerrill10@gmail.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	
N/A		Truist Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		070104	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>Sara Babson Merrill _____ Printed Name of Treasurer</p> <p><i>Sara Babson Merrill</i> _____ Signature of Appointed Treasurer</p> <p>19 Aug 2025 _____ 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 "Chuck" Bost _____ Printed Name of Candidate</p> <p><i>Charles Bost</i> _____ Signature of Candidate</p> <p>19 Aug 2025 _____ Date</p>			