


# 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.

<b>1. Committee Information</b>					
a. Name of Committee				d. ID Number	
COMMITTEE TO ELECT NATHAN MCBRAYER					
b. Mailing Address (include City, State and Zip Code)				c. Date Organized	
PO BOX 3489 BALD HEAD ISLAND, NC 28461				7/15/2021	
c. Committee Website (Optional)				f. Phone Number	
				775-742-4882	
<b>2. Candidate Information</b>					
a. Full Name			e. Party Affiliation		
NATHAN MCBRAYER			REPUBLICAN		
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought		
PO BOX 3489 BALD HEAD ISLAND, NC 28461			COUNCIL MEMBER		
c. Phone Number		d. Email Address		g. Next Election Year	h. Jurisdiction
775-742-4882		NATHAN.MCBRAYER@YAHOO.COM		2021	BALD HEAD ISLAND
<input type="checkbox"/> Email copy of report notices					
<b>3. Treasurer Information</b>			<b>4. Assistant Treasurer Information</b>		
a. Full Name			a. Full Name		
AIMEE MULLIGAN					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State and Zip Code)		
PO BOX 25024 RALEIGH, NC 27611					
c. Phone Number		d. Email Address		c. Phone Number	
919-278-7262		amulligan@cardinalgps.com			
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of report notices		
<b>5. Custodian of Books Information (Keeper of Records)</b>			<b>6. Account Information (incl. CRO-3500)</b>		
a. Full Name			a. Financial Institution Full Name		
			SELF-FUNDED		
b. Mailing Address (include City, State, and Zip Code)					
c. Phone Number		d. Email Address		b. Account Code	c. Type
					SELF-FUNDED
<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>					
AIMEE MULLIGAN				09/14/2021	
Printed Name of Treasurer		Signature of Appointed Treasurer		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>					
NATHAN MCBRAYER				9/14/2021	
Printed Name of Candidate		Signature of Candidate		Date	