Statement of Organization - Candidate Committee

Is this statement: ☐ New ☒ 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**
Committe to Elect Robert Bullard	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
86 East 1st st. Ocean Isle Beach, NC 28469	07.29-23
c. Committee Website (Optional)	**f. Phone Number**
Bob For The Beach.com	443-831-6221

2. Candidate Information

a. Full Name		**e. Party Affiliation**	
Robert Bullard		unafilliated	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
86 East 1st st Ocean Isle Beach NC 28469		mayor	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
443-831-6221	bob.bullard@att.net	2024	Ocean Isle Beach NC

☐ Email copy of report notices

3. Treasurer Information

a. Full Name	
Robert Bullard	
b. Mailing Address (include City, State, and Zip Code)	
86 East 1st st. Ocean Isle Beach NC 28469	
c. Phone Number	**d. Email Address**
443-831-6221	bob.bullard@att.net

Send report notices by email ☒ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	**d. Email Address**

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5. Custodian of Books Information (Keeper of Records)

a. Full Name	
Robert Bullard	
b. Mailing Address (include City, State, and Zip Code)	
86 East 1st st. Ocean Isle Beach NC 28469	
c. Phone Number	**d. Email Address**
443-831-6221	bob.bullard@att.net

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6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
Truist	
b. Account Code	**c. Type**
	Checking

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.

Printed Name of Treasurer	Signature of Appointed Treasurer	Date
Robert Bullard	[signature]	oct 2, 23

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.

Printed Name of Candidate	Signature of Candidate	Date
Robert Bullard	[signature]	oct 2, 23