

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	
Dewey Smith for Alderman			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
52 Wilson St, Bolivia, NC 28422		July 8, 2025	
c. Committee Website (Optional)		f. Phone Number	
		910-253-6912	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Dewey C. Smith		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
52 Wilson St Bolivia, NC 28422		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-253-6912	danddsmith@gmail.com	2025	Bolivia
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Dewey C. Smith			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
52 Wilson St Bolivia, NC 28422			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-253-6912	danddsmith@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	
		Self-Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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>Dewey C. Smith _____ Printed Name of Treasurer</p> <p><i>Dewey C. Smith</i> _____ Signature of Appointed Treasurer</p> <p>July 8, 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>Dewey C. Smith _____ Printed Name of Candidate</p> <p><i>Dewey C. Smith</i> _____ Signature of Candidate</p> <p>July 8, 2025 _____ Date</p>			

RECEIVED

JUL 08 2025

BRUNSWICK COUNTY
BOARD OF ELECTIONS