

Statement of Organization - Candidate Committee

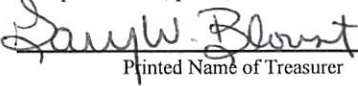

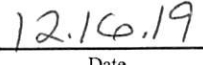
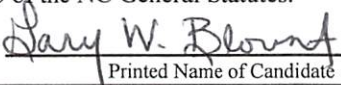
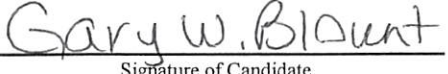
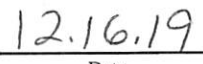
Is this statement: New Amended

RECEIVED

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.

DEC 16 2019

1. Committee Information			
a. Name of Committee Candidate Gary W. Blount		d. ID Number GDCWU3	
b. Mailing Address (include City, State and Zip Code) 350 Hardison Rd, Chocowinity 27817		e. Date Organized 12.16.19	
c. Committee Website (Optional)		f. Phone Number 945.3640	
2. Candidate Information			
a. Full Name Gary W Blount		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) 350 Hardison Road Chocowinity, NC 27817		f. Office Sought County Commissioner	
c. Phone Number 945.3640	d. Email Address	g. Next Election Year 2024	h. Jurisdiction Beaufort Co
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Gary W Blount		a. Full Name same	
b. Mailing Address (include City, State, and Zip Code) 350 Hardison Road Chocowinity NC 27817		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input 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 Gary W Blount		a. Financial Institution Full Name n/a	
b. Mailing Address (include City, State, and Zip Code) 350 Hardison Road Chocowinity NC 27817			
c. Phone Number 945.3640	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>    </p> <p> Printed Name of Treasurer Signature of Appointed Treasurer 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>    </p> <p> Printed Name of Candidate Signature of Candidate Date </p>			

Beaufort County Board of Elections