Statement of Organization - Candidate Committee

Is this st	atem	ent:
New	V	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 r	equired	l for eac	h new election year.
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1. Committee Infor	mation			- In the second		
a. Name of Committee	d. ID Number					
Committee To Elect Bob Byrd						
	ude City, State and Zip Code)			e. Date Organized		
2826 Charlotte Lane, 2826 Charlotte Lane, Burlington, NC 27215				Jan. 21, 2014		
c. Committee Website (C		 	f. Phone Number			
www.bobbyrd.us			336-584-7302			
2. Candidate Inform						
a. Full Name		e. Party Affiliation				
Robert E. Byrd	Democrat					
b. Mailing Address (incl	ude City, State, and Zip Code)	f. Office Sought				
2826 Charlotte Lane, Burlington, NC 27215		Burlington City Council				
c . Phone Number	d. Email Address	g. Next Election Year	b.	Jurisdiction		
336-584-7302	rbyrd4@triad.rr.com	2021		City of Burlington		
✓ Email copy of re						
3. Treasurer Inform	nation	4. Assistant Treasu	irer Inforn	nation		
a. Full Name		a. Full Name	 			
Caroline M. King			<u></u>	POENCE		
b. Mailing Address (incl	ude City, State, and Zip Code)	b. Mailing Address (inc	lude City, St	ate and Rip Code,		
540 Meadowood Drive, Burlington, NC 27215				JUL 07 2024		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ad	MANCE COUNTY		
336-260-0985	wakeboardmom@bellsouth.net		BOA	RD OF ELECTIONS		
Send report no	tices by email 🗹 Yes 🔲 No	☐ 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				
		First Horizon Bank				
b. Mailing Address (incl	ude City, State, and Zip Code)					
c. Phone Number	d. Email Address	b. Account Code	с. Туре	ν.		
		1	Business	Checking		
☐ Email copy of re	port notices	11	Dusiness	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. Caroline M. King Printed Name of Treasurer Signature of Appointed Treasurer Date						
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.						
Robert E. Byrd						
Printed I	Signature of Candidate	/	Date			