

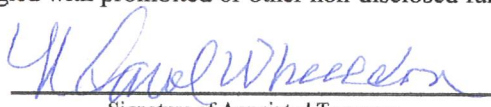
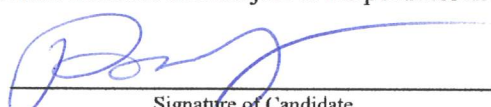
Statement of Organization - Candidate Committee

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	
LEVY 2024		6144B84	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
230 SW BROAD ST, SOUTHERN PINES, NC 28387		12/04/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-295-6628	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
ROBERT M. LEVY		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
230 SW BROAD ST SOUTHERN PINES, NC 28387		BOARD OF EDUCATION, DIST II	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
818-929-4848	LAW52@PRODIGY.NET	2024	MOORE COUNTY
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
N. CAROL WHEELDON			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
50 LAKE FOREST DR SW PINEHURST, NC 28374			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-295-6628	CWHEELDO2@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	
N. CAROL WHEELDON		FIRST BANK	
b. Mailing Address (include City, State, and Zip Code)			
50 LAKE FOREST DR SW PINEHURST, NC 28374			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910-295-6628	CWHEELDO2@GMAIL.COM	A	CHECKING
<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> <u>N. CAROL WHEELDON</u> <u></u> <u>12/07/2023</u> 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> <u>ROBERT M. LEVY</u> <u></u> <u>12/07/2023</u> Printed Name of Candidate Signature of Candidate Date </p>			