

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

a. Full Name	b. Mailing Address (include City, State and Zip Code)		
N. CAROL WHEELDON			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-295-6628	CWHEELDO2@GMAIL.COM		
<input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

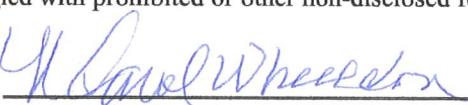
5. Custodian of Books Information (Keeper of Records)

a. Full Name	b. Account Information (incl. CRO-3500)		
N. CAROL WHEELDON	a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)	FIRST BANK		
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			

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.

N. CAROL WHEELDON

Printed Name of Treasurer


Signature of Appointed Treasurer

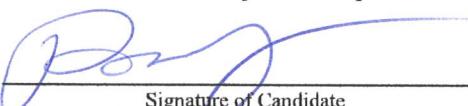
12/07/2023

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 M. LEVY

Printed Name of Candidate


Signature of Candidate

12/07/2023

Date