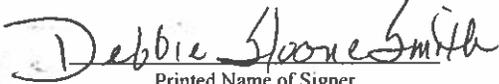
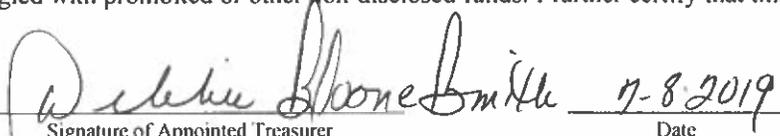


Statement of Organization – Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Debbie Sloane Smith			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
16 Causeway Drive OIB, NC 28469		7/8/2019	
		e. Phone Number	
		910-443-4801	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee
a. Full Name	c. Candidate ID Number	f. Party Affiliation	
Debbie Sloane Smith		(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
16 Causeway Drive OIB, NC 28469		Mayor	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910-443-4801	debbie@sloanerealty.com		OIB
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Debbie Sloane Smith			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
16 Causeway Drive OIB, NC 28469			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-443-4801	debbie@sloanerealty.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		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)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		7-8-2019 Date	

