

# Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
Debbie Watts for Carolina Shores Commissioner			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
9 Fairway Ct, Carolina Shores NC 28467		07/16/2021	
c. Committee Website (Optional)		f. Phone Number	
		828-244-7503	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Deborah Watts		Non Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
9 Fairway Ct Carolina Shores, NC 28467		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-244-7503	joedebbiewatts@gmail.com	2021	Carolina Shores
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Deborah Watts		NONE	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
9 Fairway Ct Carolina Shores, NC 28467			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-244-7503	joedebbiewatts@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	
NONE		United Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		DCW	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>Deborah Watts _____ <i>Deborah Watts</i> _____ 07/23/2021                  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>Deborah Watts _____ <i>Deborah Watts</i> _____ 07/23/2021                  Printed Name of Candidate Signature of Candidate Date</p>			

RECEIVED

JUL 26 2021

BRUNSWICK COUNTY BOARD OF ELECTIONS