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
Page Dyer for Commissioner	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
149 Scotch Bonnet Drive Holden Beach, NC 28462	7/16/2021
c. Committee Website (Optional)	**f. Phone Number**
	804-814-1559

2. Candidate Information

a. Full Name		e. Party Affiliation	
Catherine Page Dyer		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
149 Scotch Bonnet Drive Holden Beach, NC 28462		Commissioner	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
804-814-1559	sandypawsvet@gmail.com	2021	Holden Beach
☒ Email copy of report notices			

3. Treasurer Information

a. Full Name	
Catherine Page Dyer	
b. Mailing Address (include City, State, and Zip Code)	
149 Scotch Bonnet Drive Holden Beach, NC 28462	
c. Phone Number	**d. Email Address**
804-814-1559	sandypawsvet@gmail.com
Send report notices by email ☒ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**
☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**
☐ Email copy of report notices	

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
Self Funded	
b. Account Code	**c. Type**
	Self Funded

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JUL 16 2021
BRUNSWICK COUNTY
BOARD OF ELECTIONS

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.

Catherine Page Dyer — Printed Name of Treasurer
Signature of Appointed Treasurer
7-16-21 — 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.

Catherine Page Dyer — Printed Name of Candidate
Signature of Candidate
7-16-21 — Date