

# 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	
Michael Troy for Council		CDF73B	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
4609 Blue Banks Loop Road Leland, NC 28451		07/13/2023	
c. Committee Website (Optional)		f. Phone Number	
		9106553666	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Michael Delone Troy		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
4609 Blue Banks Loop Road Leland, NC 28451		Councilman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
9106553666	mdtsr@att.net	2023	Northwest
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Michael Troy			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4609 Blue Banks Loop Road Leland, NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9106553666	mdtsr@att.net		
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	
		Self funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
			BRUNSWICK COUNTY BOARD OF ELECTIONS
<input type="checkbox"/> Email copy of report notices			

**RECEIVED**  
**JUL 13 2023**  
**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.

X Michael D. Troy  
 Printed Name of Treasurer

X Michael D. Troy  
 Signature of Appointed Treasurer

X 7-13-23  
 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.

X Michael D. Troy  
 Printed Name of Candidate

X Michael D. Troy  
 Signature of Candidate

X 7-13-23  
 Date