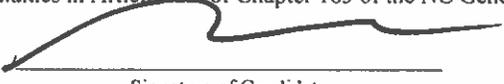


# Statement of Organization – Candidate Committee

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	
Mike Wade for OIB Commissioner			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
38 Concord St Ocean Isle Beach, NC 28469		7/21/2023	
c. Committee Website (Optional)		f. Phone Number	
		858-705-4913	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Michael Wade		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
38 Concord St Ocean Isle Beach, NC 28469		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
858-705-4913	mwade002@gmail.com	2023	Ocean Isle Beach
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Michael Wade			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
38 Concord St Ocean Isle Beach, NC 28469			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
858-705-4913	mwade002@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	
		First Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
		OIB	
c. Phone Number	d. Email Address	c. Type	
		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><u>MICHAEL WADE</u> Printed Name of Treasurer</p>		<p> Signature of Appointed Treasurer</p>	
		<p><u>7-21-23</u> 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><u>MICHAEL WADE</u> Printed Name of Candidate</p>		<p> Signature of Candidate</p>	
		<p><u>7-21-23</u> Date</p>	