

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	
COMMITTEE TO ELECT NIKI CUTLER			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1124 E BEACH DR OAK ISLAND, NC 28465		07/07/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-616-5134	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
NICOLA PHYLLIS CUTLER		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1124 E BEACH DR OAK ISLAND, NC 28465		COUNCILMAN	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-616-5134	NIKICUTLER@YMAIL.COM	2023	TOWN OF OAK ISLAND
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
NICOLA PHYLLIS CUTLER			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1124 E BEACH DR OAK ISLAND, NC 28465			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-616-5134	NIKICUTLER@YMAIL.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 CITIZENS BANK	
b. Mailing Address (include City, State, and Zip Code)			
  			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		0313272	CHECKING
<input type="checkbox"/> Email copy of report notices			

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.

NICOLA PHYLLIS CUTLER

Printed Name of Treasurer



Signature of Appointed Treasurer

7-14-2023

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.

NICOLA PHYLLIS CUTLER

Printed Name of Candidate



Signature of Candidate

7-14-2023

Date