

# 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 PATRICIA (PAT) SYKES			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1002 FAIRLEY STREET SOUTHPORT, NC 28461		1/20/2019	
c. Committee Website (Optional)		f. Phone Number	
COMMISSIONERPATSYKES.COM		910-662-5333	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
PATRICIA SYKES		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1002 FAIRLEY STREET SOUTHPORT, NC 28461		COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-622-5333	COMMISSIONERPATSYKES@GMAIL.COM	2024	BRUNSWICK COUNTY, D3
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
PAT SYKES			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1002 FAIRLEY STREET SOUTHPORT, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-622-5333	COMMISSIONERPATSYKES@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	
		UNITED BANK	
b. Mailing Address (include City, State, and Zip Code)			
<div style="text-align: center;">   <b>DEC 04 2023</b>   </div>			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		SYKES3	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.

Patricia Sykes  
 Printed Name of Treasurer

Patricia Sykes  
 Signature of Appointed Treasurer

12/4/23  
 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.

Patricia Sykes  
 Printed Name of Candidate

Patricia Sykes  
 Signature of Candidate

12/4/23  
 Date