

# 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 Chip Carroll			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
5014 Northwest Road, Riegelwood, NC 28456		July 14, 2025	
c. Committee Website (Optional)		f. Phone Number	
		910-471-2241	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Charles (Chip) Carroll		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
5014 Northwest Road, Riegelwood, NC 28456		Council Member	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-471-2241	susancarroll.pta@gmail.com	2025	Northwest District 4
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Charles (Chip) Carroll			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
5014 Northwest Road, Riegelwood, NC 28456			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-471-2241	susancarroll.pta@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	
		Self-Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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>Charles (Chip) Carroll _____ July 14, 2025                  Printed Name of Treasurer Signature of Appointed Treasurer 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>Charles (Chip) Carroll _____ July 14, 2025                  Printed Name of Candidate Signature of Candidate Date</p>			

RECEIVED  
 JUL 14 2025  
 PUNNSWICK COUNTY  
 BOARD OF ELECTIONS