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 Frank Pendleton	JDF6IK
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
4282 Cobleskill Drive, Leland, NC 28451	7/17/2025
c. Committee Website (Optional)	**f. Phone Number**
	904-424-8147

2. Candidate Information

a. Full Name		**e. Party Affiliation**	
Frank Pendleton		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
4282 Cobleskill Drive, Leland, NC 28451		Town Council	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
904-424-8147	fependleton@comcast.net	2025	Leland
☐ Email copy of report notices			

3. Treasurer Information

a. Full Name	
Frank Pendleton	
b. Mailing Address (include City, State, and Zip Code)	
4282 Cobleskill Drive, Leland, NC 28451	
c. Phone Number	**d. Email Address**
904-424-8147	fependleton@comcast.net
Send report notices by email ☒ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name	
Teri L. Pendleton	
b. Mailing Address (include City, State and Zip Code)	
4282 Cobleskill Drive, Leland, NC 28451	
c. Phone Number	**d. Email Address**
904-710-8374	teri.pendleton@comcast.net
☒ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
None	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**
☐ Email copy of report notices	

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
Wells Fargo	
b. Account Code	**c. Type**
7521	Checking

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JUL 24 2025
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.

Printed Name of Treasurer	Signature of Appointed Treasurer	Date
Frank Pendleton	FPendleton	7/24/2025

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.

Printed Name of Candidate	Signature of Candidate	Date
Frank Pendleton	FPendleton	7/24/2025