

# 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	
SOS (Save Our Southport)			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
828 N Caswell Ave, Southport, NC 28461		07/18/25	
c. Committee Website (Optional)		f. Phone Number	
		910-713-2072	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Katie Boyd		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
828 N Caswell Ave, Southport, NC 28461		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-713-2072	oldsouthtourcompany@yahoo.com	2025	Southport Ward 2
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Katie Boyd		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
828 N Caswell Ave, Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-713-2072	oldsouthtourcompany@yahoo.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	
None		Truist	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		SOS	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>Katie Boyd                      _____                      Printed Name of Treasurer</p> <p>                      _____                      Signature of Appointed Treasurer</p> <p>7/18/25                      _____                      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>Katie Boyd                      _____                      Printed Name of Candidate</p> <p>                      _____                      Signature of Candidate</p> <p>7/18/25                      _____                      Date</p>			

RECEIVED  
 JUL 18 2025  
 BRUNSWICK COUNTY  
 BOARD OF ELECTIONS