

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
Elect Mike Hargreaves		NDFIR5	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
612 Deacon Ct, Sunset Beach, NC 28468		7/7/25	
c. Committee Website (Optional)		f. Phone Number	
		315-939-2277	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Michael (Mike) Hargreaves		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
612 Deacon Ct, Sunset Beach, NC 28468		Council Member (Unexpired)	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
315-939-2277	electmikehargreaves@gmail.com	2025	Sunset Beach
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Lou DeVita		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
223 Crooked Gulley Cir, Sunset Beach, NC 28468			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-579-2780	deesatplay@atmc.net		
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		UNITED BANK	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		612	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>Lou DeVita _____ Printed Name of Treasurer</p> <p><i>Lou DeVita</i> _____ Signature of Appointed Treasurer</p> <p>7/14/25 _____ 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>Michael (Mike) Hargreaves _____ Printed Name of Candidate</p> <p><i>Michael Hargreaves</i> _____ Signature of Candidate</p> <p>7/14/25 _____ Date</p>			