

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		
Committee to Elect Mike Crosbie					
b. Mailing Address (include City, State and Zip Code)			e. Date Organized		
232 Sand Dollar Ln, Southport, NC 28461			07/17/25		
c. Committee Website (Optional)			f. Phone Number		
			910-269-3417		
2. Candidate Information					
a. Full Name			e. Party Affiliation		
Mike Crosbie			Non-Partisan		
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought		
232 Sand Dollar Ln, Southport, NC 28461			Alderman		
c. Phone Number	d. Email Address		g. Next Election Year	h. Jurisdiction	
910-269-3417	mike.crosbie10@gmail.com		2025	Southport Ward 1	
<input type="checkbox"/> Email copy of report notices					
3. Treasurer Information			4. Assistant Treasurer Information		
a. Full Name			a. Full Name		
Mike Crosbie			None		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State and Zip Code)		
232 Sand Dollar Ln, Southport, NC 28461					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
910-269-3417	mike.crosbie10@gmail.com				
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Email copy of report notices			<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	
			CEMC	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>Mike Crosbie _____ 07/17/25</p> <p>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>Mike Crosbie _____ 07/17/25</p> <p>Printed Name of Candidate Signature of Candidate Date</p>					