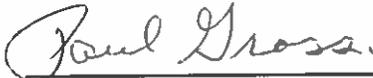


# Statement of Organization - Candidate Committee

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	
Paul Gross for Alderman Ward 2		NDF491	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1018 N Caswell Ave., Southport NC 28461		July 8, 2025	
c. Committee Website (Optional)		f. Phone Number	
		919-810-7760	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Paul Gross		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1018 N Caswell Ave., Southport NC 28461		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-810-7760	pauljgrossjr@gmail.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	
Paul Gross			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1018 N Caswell Ave., Southport NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-810-7760	pauljgrossjr@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	
		State Employees Credit Union	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		PJG	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>			
Paul Gross _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	
		July 8, 2025 _____ Date	
<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>			
Paul Gross _____ Printed Name of Candidate		 _____ Signature of Candidate	
		July 8, 2025 _____ Date	