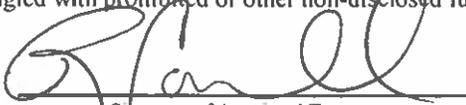
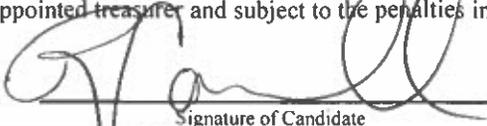


Statement of Organization - Candidate Committee

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 Re-Elect Robert Carroll			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
307 E Nash St, Southport, NC 28461		07/18/25	
c. Committee Website (Optional)		f. Phone Number	
		910-465-2717	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Robert Carroll		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
307 E Nash St, Southport, NC 28461		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-465-2717	robert@robertcarrollproperties.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	
Robert Carroll		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
307 E Nash St, Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-465-2717	robert@robertcarrollproperties.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		Self-Funded	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
		BRUNSWICK COUNTY BOARD OF ELECTIONS	
<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>Robert Carroll _____ Printed Name of Treasurer</p> <p> _____ Signature of Appointed Treasurer</p> <p>07/18/25 _____ 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>Robert Carroll _____ Printed Name of Candidate</p> <p> _____ Signature of Candidate</p> <p>07/18/25 _____ Date</p>			