

# 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.

<b>1. Committee Information</b>					
a. Name of Committee			d. ID Number		
Committee to Elect Robert E. Brown for Commissioner			2DF5K7		
b. Mailing Address (include City, State and Zip Code)			e. Date Organized		
109 Crab St, Holden Beach, NC 28462			07/08/25		
c. Committee Website (Optional)			f. Phone Number		
			804-405-8201		
<b>2. Candidate Information</b>					
a. Full Name			e. Party Affiliation		
Robert E. Brown			Non-Partisan		
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought		
109 Crab St, Holden Beach, NC 28462			Commissioner		
c. Phone Number	d. Email Address		g. Next Election Year	h. Jurisdiction	
804-405-8201	rebrownfd@gmail.com		2025	Holden Beach	
<input type="checkbox"/> Email copy of report notices					
<b>3. Treasurer Information</b>			<b>4. Assistant Treasurer Information</b>		
a. Full Name			a. Full Name		
Robert E. Brown			Mary Vail Ware		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State and Zip Code)		
109 Crab St, Holden Beach, NC 28462			109 Crab St, Holden Beach, NC 28462		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
804-405-8201	rebrownfd@gmail.com		804-822-1724	maryvailw@gmail.com	
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Email copy of report notices		
<b>5. Custodian of Books Information (Keeper of Records)</b>			<b>6. Account Information (incl. CRO-3500)</b>		
a. Full Name			a. Financial Institution Full Name		
None			Self Funded		
b. Mailing Address (include City, State, and Zip Code)					
c. Phone Number	d. Email Address		b. Account Code	c. Type	
	JUL 11 2025		Campaign		
<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>					
Robert E. Brown				07/08/25	
Printed Name of Treasurer		Signature of Appointed Treasurer		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>					
Robert E. Brown				07/08/25	
Printed Name of Candidate		Signature of Candidate		Date	