

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
Hot Dog for Sunset Mayor	GDF90B
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
248 Magnolia Dr., Sunset Beach NC 28468	July 15, 2025
c. Committee Website (Optional)	f. Phone Number
	864-219-8810

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Shannon Phillips		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
248 Magnolia Dr., Sunset Beach NC 28468		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
864-219-8810	shannonphillips2019@gmail.com	2025	Sunset Beach
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Shannon Phillips			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
248 Magnolia Dr., Sunset Beach NC 28468			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
864-219-8810	shannonphillips2019@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	
		Self-Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

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.

Shannon Phillips  July 15, 2025
 Printed Name of Treasurer Signature of Appointed Treasurer Date

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.

Shannon Phillips  July 15, 2025
 Printed Name of Candidate Signature of Candidate Date