

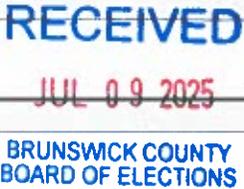
Statement of Organization - Candidate Committee

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	
Elect Todd			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
948 North Shore Dr, Boiling Spring Lakes, NC 28461		07/09/25	
c. Committee Website (Optional)		f. Phone Number	
		910-964-0023	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Todd Ausborn		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
948 North Shore Dr, Boiling Spring Lakes, NC 28461		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-964-0023	toddausborn@gmail.com	2025	Boiling Spring Lakes
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Todd Ausborn		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
948 North Shore Dr, Boiling Spring Lakes, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-964-0023	toddausborn@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	
None		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.

Todd Ausborn _____ 07/09/25
 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.

Todd Ausborn _____ 07/09/25
 Printed Name of Candidate Signature of Candidate Date