

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 Elect Tommy Brown			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
304 Barbee Blvd, Oak Island, NC 28465		07/16/25	
c. Committee Website (Optional)		f. Phone Number	
		240-687-7992	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Tommy Brown		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
304 Barbee Blvd, Oak Island, NC 28465		Council Member	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
240-687-7992	tommybrownforoki@gmail.com	2025	Oak Island
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Tommy Brown		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
304 Barbee Blvd, Oak Island, NC 28465			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
240-687-7992	tommybrownforoki@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		Truist	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		TKB	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> <p>Tommy Brown _____ Printed Name of Treasurer</p> <p><i>Tommy Brown</i> _____ Signature of Appointed Treasurer</p> <p>July 21, 2025 _____ 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>Tommy Brown _____ Printed Name of Candidate</p> <p><i>Tommy Brown</i> _____ Signature of Candidate</p> <p>July 21, 2025 _____ Date</p>			