

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 Wayne Rowell	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
10 Asheville St., Ocean Isle Beach, NC 28469	July 7, 2025
c. Committee Website (Optional)	f. Phone Number
	704-779-4988

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Wayne Rowell		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
10 Asheville St., Ocean Isle Beach, NC 28469		Council Member	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-779-4988	oibwayne@gmail.com	2025	Ocean Isle Beach
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Wayne Rowell			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
10 Asheville St., Ocean Isle Beach, NC 28469			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-779-4988	oibwayne@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			

RECEIVED
JUL 07 2025
 BRUNSWICK COUNTY
 BOARD OF ELECTIONS

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.

Wayne Rowell _____ July 7, 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.

Wayne Rowell _____ July 7, 2025
 Printed Name of Candidate Signature of Candidate Date