Statement of Organization - Candidate Committee

Is this statement: ☐ New ☑ 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
Mark Robertson for Commissioner	RDF3H6
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
PO BOX 6826, Ocean Isle Beach, NC 28469	July 18, 2025
c. Committee Website (Optional)	**f. Phone Number**
	910-508-6874

2. Candidate Information

a. Full Name	e. Party Affiliation
Mark Young Roberston	Non-Partisan
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
PO BOX 6826, Ocean Isle Beach, NC 28469	Commissioner

c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-508-6874	myrrobertson@yahoo.com	2025	Ocean Isle Beach

☐ Email copy of report notices

3. Treasurer Information

a. Full Name	
Tracy B Wade	
b. Mailing Address (include City, State, and Zip Code)	
38 Concord St, Ocean Isle Beach, NC 28469	
c. Phone Number	**d. Email Address**
619-867-8163	tracy_oibliving@yahoo.com

Send report notices by email ☑ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	**d. Email Address**

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

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6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
CCNB	
b. Account Code	**c. Type**
MYR	Checking

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JUL 28 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.

Tracy Wade	Tracy Wade	7/21/25
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.

Mark Robertson	MR	7/21/25
Printed Name of Candidate	Signature of Candidate	Date