

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" 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 Liz White			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
112 SE 34th Street, Oak Island, NC 28465		June 11, 2021	
c. Committee Website (Optional)		f. Phone Number	
		703-725-3479	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Sara Elizabeth "Liz" White		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
112 SE 34th Street, Oak Island, NC 28465		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
703-725-3479	lizzardfc@verizon.net	2025	Oak Island
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Sara Elizabeth "Liz" White			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
112 SE 34th Street, Oak Island, NC 28465			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
703-725-3479	info@lizwhiteformayor.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	
		Truist Financial	
b. Mailing Address (include City, State, and Zip Code)			
			
c. Phone Number		b. Account Code	c. Type
		SEW101	Checking
<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.

Sara Elizabeth "Liz" White _____ 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.

Sara Elizabeth "Liz" White _____ July 7, 2025
 Printed Name of Candidate Signature of Candidate Date