

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
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
<input type="checkbox"/> 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
<input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

4. Assistant Treasurer Information	
a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	
d. Email Address	
<input type="checkbox"/> Email copy of report notices	

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BRUNSWICK COUNTY BOARD OF ELECTIONS

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
<input type="checkbox"/> Email copy of report notices	

6. Account Information (incl. CRO-3500)	
a. Financial Institution Full Name	
Coastal Carolina National Bank	
b. Account Code	c. Type
MYR	Checking

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

 Printed Name of Treasurer



 Signature of Appointed Treasurer

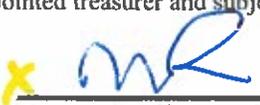
7/31/25

 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

 Printed Name of Candidate



 Signature of Candidate

8/3/25

 Date