

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 Mike Crosbie			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
232 Sand Dollar Ln, Southport, NC 28461		07/17/2025	
c. Committee Website (Optional)		f. Phone Number	
		910-477-8140	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Mike Crosbie		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
232 Sand Dollar Ln, Southport, NC 28461		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-477-8140	mike.crosbie10@gmail.com	2025	Southport Ward 1
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Wanda Melton Carleton		Roxanna Crosbie	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
6161 River Sound Circle, Southport, NC 28461		232 Sand Dollar Ln, Southport, NC 28461	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-414-7993	wandacarleton@mindspring.com	571-359-0741	roxcrosbie@gmail.com
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" 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
		CEMC	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>Wanda Carleton _____ 08/13/2025 Printed Name of Treasurer Signature of Appointed Treasurer 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>Mike Crosbie _____ 08/13/2025 Printed Name of Candidate Signature of Candidate Date</p>			

RECEIVED

AUG 13 2025

BRUNSWICK COUNTY
BOARD OF ELECTIONS