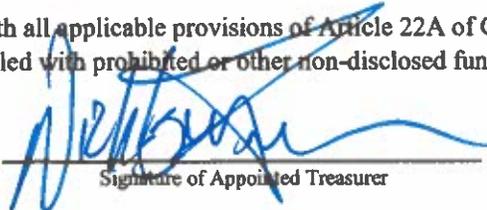
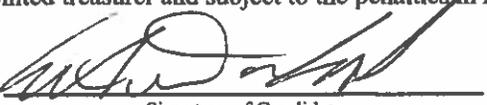


Statement of Organization - Candidate Committee

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	
Art Dornfeld Committee		ODF8B8	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
6505 Birchwood Ln Nw Ocean Isle Beach NC 28469		06/27/2025	
c. Committee Website (Optional)		f. Phone Number	
		910-443-9247	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Art Dornfeld		Non Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
147 Country Club Shalotte NC 28470		Mayor of Shalotte	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-612-5523	domdog2001@yahoo.com	2025	Shalotte
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Nicholas Todd			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
6505 Birchwood Ln Nw Ocean Isle Beach NC 28469			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9104439247	ntodd.cfsg@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	
Nicholas Todd		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)			
6505 Birchwood Ln Nw Ocean Isle Beach NC 28469			
c. Phone Number	d. Email Address	b. Account Code	c. Type
9104439247	ntodd.cfsg@gmail.com	ADC1234	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>Nicholas Todd _____ Printed Name of Treasurer</p> <p> _____ Signature of Appointed Treasurer</p> <p>08/04/2025 _____ 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>Art Dornfeld _____ Printed Name of Candidate</p> <p> _____ Signature of Candidate</p> <p>08/04/2025 _____ Date</p>			