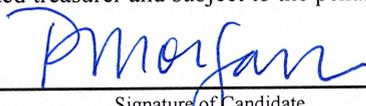


# Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input 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	
The Committee to Elect Paige Morgan			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
817 Cape Harbor Dr, Southport, NC 28461		10/31/2025	
c. Committee Website (Optional)		f. Phone Number	
		910-477-0996	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Paige Morgan		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
817 Cape Harbor Dr, Southport, NC 28461		Board of Education District 3	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-477-0996	paigelanemorgan@gmail.com	2026	District 3
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Paige Morgan		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
817 Cape Harbor Dr, Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-477-0996	paigelanemorgan@gmail.com		
Send report notices by email <input 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 <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
None		United Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		3112	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>			
Paige Morgan _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	
		10/31/2025 _____ Date	
<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>			
Paige Morgan _____ Printed Name of Candidate		 _____ Signature of Candidate	
		10/31/2025 _____ Date	