

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 Katie Madon for Clerk of Court			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
115 NW 15th St. Oak Island NC 28465		11/06/2021	
c. Committee Website (Optional)		f. Phone Number	
		910-880-2618	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Katherine Marie Madon		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
115 NW 15th St. Oak Island NC 28465		Brunswick County Clerk of Superior Court	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-880-2618	katie.madon@yahoo.com	2026	
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Katherine Madon			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
115 NW 15th St. Oak Island NC 28465			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-880-2618	katie.madon@yahoo.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	
Katherine Madon		Truist Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
115 NW 15h St. Oak Island NC 28465		064	
c. Phone Number	d. Email Address	c. Type	
9108802618	katie.madon@yahoo.com	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><u>Katherine Madon</u> Printed Name of Treasurer</p>		<p><u>[Signature]</u> Signature of Appointed Treasurer</p>	
		<p><u>12-4-25</u> 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><u>Katherine Madon</u> Printed Name of Candidate</p>		<p><u>[Signature]</u> Signature of Candidate</p>	
		<p><u>12-4-25</u> Date</p>	