

# 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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Elect Patti Hewett		QDFN9A	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
864 Holden Beach Rd SW, Shallotte, NC 28470		12/19/2025	
c. Committee Website (Optional)		f. Phone Number	
		910-713-6052	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Patti Hewett		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
864 Holden Beach Rd SW, Shallotte, NC 28470		Board of Commissioners	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-713-6052	pattihewett@gmail.com	2026	District 02
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Patti Hewett Tiffany Grant		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
864 Holden Beach Rd SW, Shallotte, NC 28470			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 279 6126	info@electpattihewett.com		
<input checked="" type="checkbox"/> Send report notices by email Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
None		UNITED BANK - SHALLOTTE	
b. Mailing Address (include City, State, and Zip Code)		200 SMITH AVE SHALLOTTE, NC 28470	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1023	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>Patti Hewett Tiffany Grant</u>      <u>Tiffany Grant</u>      <u>12-29-25</u>                  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> <u>Patti Hewett</u>      <u>[Signature]</u>      <u>12/29/25</u>                  Printed Name of Candidate      Signature of Candidate      Date             </p>			

CRO-2100A

NC State Board of Elections

November 2019

DEC 29 2025

BRUNSWICK COUNTY  
BOARD OF ELECTIONS