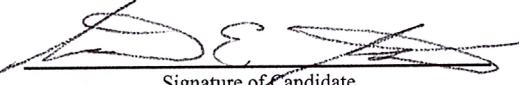


# Statement of Organization - Candidate Committee

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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Scott Stephenson for Town Council			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
103 NW 1st St, Oak Island, NC 28465		7/15/25	
c. Committee Website (Optional)		f. Phone Number	
		303-210-2414	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Scott Stephenson		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
103 NW 1st St, Oak Island, NC 28465		Council Member	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
303-210-2414	scott.stephenson@comcast.net	2025	Oak Island
<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	
Scott Stephenson			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
103 NW 1st St, Oak Island, NC 28465			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
303-210-2414	scott.stephenson@comcast.net		
Send report notices by email <input type="checkbox"/> 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		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		ss25	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>			
Scott Stephenson _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	1/24/26 _____ 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>			
Scott Stephenson _____ Printed Name of Candidate		 _____ Signature of Candidate	1/24/26 _____ Date