

# Statement of Organization – Candidate Committee

Is this statement:  
 New       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 Robin Moffitt		QDF1QR	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
806 Ocean Drive Oak Island, NC 28465		2/24/2022	
c. Committee Website (Optional)		f. Phone Number	
		910-250-8660	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Robin Moffitt		REP	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
806 Ocean Drive		Board of Education	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-250-8660	moffitt4schoolboard@gmail.com	2022	District 3
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Pat Sykes			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1002 Fairley Street SE Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-622-5333	pat3sykes@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	
		UNITED BANK	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
	BRUNSWICK COUNTY BOARD OF ELECTIONS	RAM	Checking
<input type="checkbox"/> Email copy of report notices			
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.			
<u>Patricia Sykes</u> Printed Name of Treasurer		<u>Patricia Sykes</u> Signature of Appointed Treasurer	
		<u>2/28/22</u> Date	
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.			
<u>Robin Moffitt</u> Printed Name of Candidate		<u>Robin Moffitt</u> Signature of Candidate	
		<u>2/28/22</u> Date	