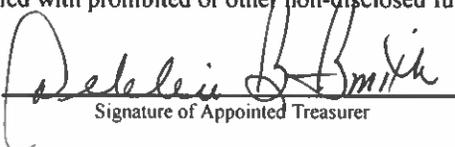
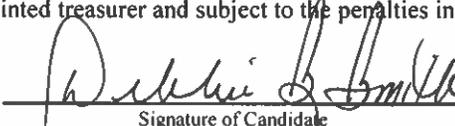


Statement of Organization - Candidate Committee

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 Debbie Sloane Smith			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
16 Causeway Dr., Ocean Isle Beach NC 28469		7/8/2019	
c. Committee Website (Optional)		f. Phone Number	
		910-443-4801	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Debbie Sloane Smith		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
16 Causeway Dr., Ocean Isle Beach NC 28469		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-443-4801	debbie@sloanerealty.com	2025	Ocean Isle Beach
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Debbie Sloane Smith			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
16 Causeway Dr., Ocean Isle Beach NC 28469			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-443-4801	debbie@sloanerealty.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	
RECEIVED		United Bank	
b. Mailing Address (include City, State, and Zip Code)			
JUL 07 2025			
BRUNSWICK COUNTY BOARD OF ELECTIONS			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		DSS	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>Debbie Sloane Smith _____ Printed Name of Treasurer</p> <p> _____ Signature of Appointed Treasurer</p> <p>July 7, 2025 _____ 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>Debbie Sloane Smith _____ Printed Name of Candidate</p> <p> _____ Signature of Candidate</p> <p>July 7, 2025 _____ Date</p>			