

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.

1. Committee Information	
a. Name of Committee	d. ID Number
Debbie Watts for Carolina Shores Commissioner	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
9 Fairway Ct, Carolina Shores NC 28467	July 7, 2025
c. Committee Website (Optional)	f. Phone Number
	828-244-7503

2. Candidate Information			
a. Full Name		c. Party Affiliation	
Deborah Watts		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
9 Fairway Ct, Carolina Shores NC 28467		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-244-7503	joedebbiwatts@gmail.com	2025	Carolina Shores
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Debbie Watts			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
9 Fairway Ct, Carolina Shores NC 28467			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-244-7503	joedebbiwatts@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	
RECEIVED JUL 07 2025 BRUNSWICK COUNTY BOARD OF ELECTIONS		Self-Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	b. Account Code	c. Type	
<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.

Debbie Watts

Printed Name of Treasurer

Debbie Watts
Signature of Appointed Treasurer

July 7, 2025

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.

Deborah Watts

Printed Name of Candidate

Deborah Watts
Signature of Candidate

July 7, 2025

Date